The Nescience of Medicine

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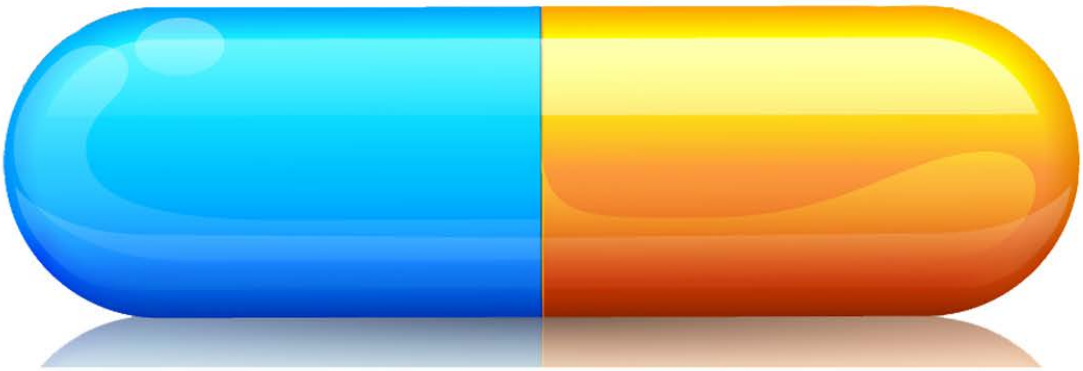

Medical Science in Particular, & Medical Trade in General

The Nescience of Medicine

Medical Science in Particular, & Medical Trade in General

"For to remain ignorant is to remain a slave." - J. A. Wayland

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Book Title: The Nescience State of Medicine

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In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

"The Lord He is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all agreement this book is produced and given as a testimony that: "The Lord He is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God. A special thanks also to those who work with Him and help all of us. May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation. Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings.

There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this one hundred year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and

cure, where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths. These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion. The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

Although the editor, publisher have made every effort to ensure that the information in this book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy; to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars and cents under, the iron heel of commercial greed, in the name of health, science, and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil," who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue, malnutrition, soul-starvation, anxiety, fear, filth and premature death.

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized". I affectionately and hopefully dedicate this book." - Dr Simon Louis Katzoff, MD, in "Timely Truths on Human Health", 1921.

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged. " - Dr. Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick" 1847.

Disclaimer

"The content of this Book is based on research conducted by the Members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions". The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional. This information is not intended as "medical" advice, but rather a sharing of knowledge and information based on research and experience.

The Hospitallers Order of the Good News encourages the reader to make your own health Care decisions based on your judgment and research in partnership with a qualified Health Care Professional. These statements have not been evaluated by the Food and Drug Administration, in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease."

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. A civilization founded on lies has no future, a civilization based on false or fake pretences has no future, a civilization that follows political correctness is fake by proxy. To sustain the present civilization is to sustain a lie. Thus the solution is to establish a new civilization, this if Humankind will ever have a chance to develop on Earth.

In that the End of Times and the Beginning of a New Era, 2021

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Preface

This book, could also have been called:

***The Story of Medicine**; some times a so-called "science", that wants to replace the truth!*

When Truth is replaced by Science, the Science becomes a lie!

*Medicine and Health, have become since the 1920's synonym, **one with the other**, so much so that people think that Medicine and Health are one and the same. **But this idea is far from the truth.** With this in mind, it is of the utmost importance to realise and comprehend, that all de facto advise concerning health is only being "given" by the Medical Trade. In other words the Truth the "Only Truth" is the one from the Medical Trade.*

Uneducated individuals in the position of Governments, take recommendations on issues of health from the Medical Trade only.

*The consequences are where we are now. The independent advise, or, even a second opinion, this are immediately squashed, a second opinion is forbidden by the owners of the truth: Twitter, Facebook, & "Friends" this are **private companies**, tinted by liberal and communist views, neither any of these companies, nor any News Channel own the truth.*

This complemented by the actions of certain Governments, will lead to an uneasy future for humankind.

Fear not! Educate self! Seek Him!
In meditation for Guidance, for He shall then show you the Way!
Who Is He? The Christ! Thy God!

Rui Alexandre Gabirro, Emunctologist

"Definition of Nescience: Lack of Knowledge, or Awareness: Ignorance." - in Dictionary Merriam-Webster, 2020.

"But the history of science is not restricted to the enumeration of successful investigations. It has to tell of unsuccessful inquiries and to explain why some of the ablest men have failed to find the key to knowledge, and how the reputation of others has only given a firmer footing to the errors into which they fell." - James Clerk Maxwell, inaugural address as the new Cavendish Professor speaking on the History of Science.

> ***"A false premise can never, by any process of reasoning, lead to truth.*** *The sepulchre where fallacies lie buried is decorated with garlands woven by the skeleton hands of human mistakes, and* ***the entrance still stands open to receive more evidence of other errors yet to be born and live and die.****" - Sir James Mackenzie, FRCP, cardiologist pioneer study of cardiac arrhythmias, in "Oxford Medicine", Vol. I, Part I.*

Advice to the Medical Trade

"Do not try to do anything that you are not sure of accomplishing, because if you should happen to fail you will lose caste. Attempt only that which will give you credit. Take no chances. Dead men tell no tales." - Dr J. A. Robinson, in "The International Dental Journal",1883.

"Not in entire Forgetfulness, And not in utter Nakedness; But trailing Clouds of Darkness do they come; From their Trade in Medical Science."

"Quackery-Charlatanry "A potent quack, long versed in human ills, who first insults the victim whom he kills." - in "Oxford English Dictionary",1783.

We Have Been Here Before

*"**It is an ominous fact, that the Medical Science was always either entirely arrogated.** Seek to hide themselves behind a veil of sanctimonious mystery, and pay every one who dared to touch this veil by truth. **"The Science"**, par excellence, remained jesuitically content, in regard to the people, with the literal explanation of the word, **Know Thyself**, without being willing to teach this knowledge; and even now **every public lecturer or writer on matters pertaining to our bodily welfare, is abused and persecuted.** This has been my fate ever since I left the old trodden path of **scientific mummery**, and tried to **teach the people simple and wholesome truth by word and deed**; it will be my fate doubly now, when I in these pages, **expose the criminal guilt of the faculty, in not only not opposing the introduction of vaccination, but in executing it themselves on the innocent offspring of their time. For as long as we renounce experience, which creates knowledge, we banish real science."** - Dr C. C. Schieferdecker, MD, in "Evils of Vaccination", 1856.*

*"The identity of the vaccina and variola is beyond any doubt established by the fact, that in the year of 1846, every one of the children whom the surgeon F.... in the valley of Poznau vaccinated, was attacked by the real small-pox, which infected then the grown-up people. F.... was much troubled by this unexpected circumstance. Among the people the greatest indignation was roused against vaccination, which has spread all over Tyrol. I, as Imperial Supervising Physician, was often compelled by my official position, to inspect **this artificial epidemic."** - Hochenberger, Imperial Supervising Physician, Pruz, Tyrol, 16 October 1850.*

Chapter 1

Science and Nescience

*"**Judging from statements commonly made in newspapers, few writers have any knowledge of natural objects and phenomena.** It is scarcely too much to say that, omitting signed articles written by experts, few newspapers make any announcement relating to a scientific subject without committing a mistake.*
*Either terms are wrongly used, or a matter of common knowledge among men of science is regarded as a remarkable discovery, or **sensational claims are presented to the public as if they were established truths, though they await confirmation from the scientific world, and are mostly unworthy of serious consideration.**" - in "Science and Nescience", Nature, 4 November 1915.*

*"**When politicians talk of "the science" as a complete body of knowledge, a manual for what to do, it neglects the uncertainty of evidence and ignores that science is a human endeavour. Scientists, are human too.** Today, it's easy to see gaps in the scientific evidence of 1976, such as the belief that the virus mirrored the 1918 outbreak or that a pandemic was due. The science of viruses in 2020 may be far more sophisticated, but the science of Sars-Cov-2, **the virus that causes the disease Covid-19, remains incomplete.**" - in "The fiasco of the 1976 'Swine Flu Affair'", BBC, 22 September 2020.*

*"**Credulity in matters relating to disease remains a permanent fact in our history, uninfluenced by education.**" - Harvey Cushing in "The Life of Sir William Osler",1940.*

"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research." - Dr Arnold Seymour Relman, MD (1923-2014), Harvard Professor of Medicine and Former Editor-in-Chief of the New England Medical Journal.

"It's remarkable that nobody raises an eyebrow when we kill so many of our own citizens with drugs. Virtually everything we know about drugs is what the companies have chosen to tell us and our doctors. The reason patients trust their medicine is that they extrapolate the trust they have in their doctors into the medicines they prescribe." - Dr Peter Gotzsche, MD, co-founder of the Cochrane Collaboration (the world's most foremost body in assessing medical evidence).

"A third of the drugs marketed are completely ineffective, they have no therapeutic effect. Another third can cause secondary problems as they are not well tolerated by the patient or are misused when they are prescribed to people who do not need them. *Finally, another 33% remain which is the amount of really useful drugs to cure a disease or some health problem." - Dr French Philippe Even, MD, Emeritus Professor, Paris Descartes University, former Member of the Scientific Commission of the French Ministry of Health, has obtained after analysing with his team of collaborators about 20,000 reports on medicines marketed in France." - in "Only 1 drug in 3 is really effective", El Confidencial, 17 October 2012.*

"Nearly all men die of their remedies, not of their diseases." *- Molière in "The Imaginary Invalid", Le Malade Imaginaire, Act III, The Dramatic Works of Molière, 1879.*

"If you look over a list of medicinal recipes in vogue in the last century, how foolish and useless they are seen to be! And yet we use equally absurd ones with faith today." - Henry David Thoreau, in "The Writings of Henry David Thoreau",1887.

"Poisons and medicines are often times the same substances given with different intents." - Peter Mere Latham, in "General Remarks on the Practice of Medicine" 1856.

"A fool who, after plain warning, persists in dosing himself with dangerous drugs should be free to do so, for his death is a benefit to the race in general." - Henry Louis Mencken, in "Libertarian Analysis",1970.

"Expensive medicines are always good: if not for the patient, at least for the druggist." - Russia Popular Proverb

***"Science is the belief in the ignorance of experts."** - Richard Feynman, one of the most eminent physicists of the 20th century, in "The Pleasure of Finding Things Out", 1999.*

Joseph Stalin coined and established the term Disinformation, in 1923 established the "Special Disinformation Office".

"Disinformation: False information with the intention to deceive public opinion". - Great Soviet Encyclopedia, 1952.

Covid-19 The UN-Told Story

Part 2

Please read first the Book:

"Medicine The Lies, The Greed & The Death: Includes - Covid-19 The UN-Told Story", 2021.

The present Book, brings to light much needed information, to understand what is going on in the Medical Trade, and how, that, is being used for political agendas, and economical financial conglomerates.

The economic devastation, that has brought to the common individual, and the forced poisoning of the blood stream of millions of people should be a wake up call, that Healthcare and Medical Care are 2 different things.

While the Medical Trade continues to control 100% of the Healthcare System, pandemics will be more commonplace, and will not, cease to exist.

For pandemics bring an extraordinary opportunity for financial gain for the Medical Trade, the Pharmaceutical Industrial Complex, and government contracts to private companies.

This Book should serve a reflection, on Health, and Healthcare beyond the Medical Trade, and the Pharmaceutical Poisonous Drugs.

Please read the Book:

"Medicine and Poisonous Pharma", 2020.

For Hope in a New Way of Healthcare; please read the Book:

"Emunctology: Principles and Foundations of the Emunctory System", 2022.

Dis-information Mis-information Mal-information & The Medical Trade

"**Dis-information:** Information that is false and deliberately created to harm a person, social group, organization or country.

Mis-information: Information that is false, but not created with the intention of causing harm.

Mal-information: Information that is based on reality, used to inflict harm on a person, organization or country." - in "Vaccination Hesitancy and Assessed impact on immunisation uptake", Joint Military Command South West Resilience Cell J2, ICOD: 041200ZFEB21, February 2021.

Concerning the Promotion of Medical Trade Dis-Mis-Mal-"information" on the CDC, Wikipedia & Other Organizations Websites

It is to wonder; which one of these, (or all) do apply to the website of the CDC, and to the all Medical Trade controlled Health related pages on Wikipedia.

And the Medical Trade organizations with a presence on the internet via their web-portal websites.

Lets see some examples, of what we are referring to.

Examples from the NIH web-portal:

From the "Blood Diseases", **Genetic and Rare Diseases** Information Center, NIH, website, we find out; that the Blood has **331 Diseases, an that is just the blood!**

The Blood Has 331 Diseases

5q- syndrome

Aagenaes syndrome

Abdominal aortic aneurysm

Abetalipoproteinemia

Acatalasemia

Aceruloplasminemia

Acquired agranulocytosis

Acquired hemophilia

Acquired hemophilia A

Acquired pure red cell aplasia

Acquired Von Willebrand syndrome

Acute erythroid leukemia

Acute graft versus host disease

Acute monoblastic leukemia

Acute myeloblastic leukemia with maturation

Acute myeloblastic leukemia without maturation

Acute myeloid leukemia with abnormal bone marrow eosinophils inv(16)(p13q22) or t(16;16)(p13;q22)

Acute myeloid leukemia with inv3(p21;q26.2) or t(3;3)(p21;q26.2)

Acute myelomonocytic leukemia

Acute panmyelosis with myelofibrosis

Acute promyelocytic leukemia

Adenosine Deaminase 2 deficiency

Adrenocortical carcinoma

Adult T-cell leukemia/lymphoma

Afibrinogenemia

ALK+ histiocytosis

Alpha-thalassemia x-linked intellectual disability syndrome

AML with myelodysplasia-related features

Anemia due to Adenosine triphosphatase deficiency

Anemia sideroblastic and spinocerebellar ataxia

Aneurysm of sinus of Valsalva

Angioimmunoblastic T-cell lymphoma

Angioma hereditary neurocutaneous

Angioma serpiginosum

Antiphospholipid syndrome

Aplasia cutis congenita intestinal lymphangiectasia

Aplastic anemia

Arterial calcification of infancy

Arterial tortuosity syndrome

Atransferrinemia

Atypical hemolytic uremic syndrome

Autoimmune

lymphoproliferative syndrome

Autosomal recessive protein C deficiency

Bannayan-Riley-Ruvalcaba syndrome

Behçet disease

Beta-thalassemia

Blastic plasmacytoid dendritic cell

Bleeding disorder due to P2RY12 defect

Bloom syndrome

Blue rubber bleb nevus syndrome

Buerger disease

Burkitt lymphoma

Campomelia Cumming type

Castleman disease

Cerebral cavernous malformation - Not a rare disease

Chediak-Higashi syndrome

Chromosome 17q11.2 deletion syndrome

Chronic myeloid leukemia

Chylous ascites

CLOVES syndrome

Cobb syndrome

Cold agglutinin disease

Congenital amegakaryocytic thrombocytopenia

Congenital analbuminemia

Congenital dyserythropoietic anemia type 1

Congenital dyserythropoietic anemia type 2

Congenital dyserythropoietic anemia type 3

Congenital erythropoietic porphyria

Congenital myasthenic syndrome with episodic apnea

Congenital pulmonary lymphangiectasia

Congenital thrombotic thrombocytopenic purpura

Cutaneous mastocytoma

Cutis laxa, autosomal recessive type 1

Cutis marmorata telangiectatica congenita

Cyclic neutropenia

Cyclic thrombocytopenia

Cystic medial necrosis of aorta

Dahlberg Borer Newcomer syndrome

Deafness-lymphedema-leukemia syndrome

Dehydrated hereditary stomatocytosis

Diamond-Blackfan anemia

Diamond-Blackfan anemia 2

Diamond-Blackfan anemia 3

Dysfibrinogenemia

Dyskeratosis congenita

Dyskeratosis congenita autosomal dominant

Dyskeratosis congenita autosomal recessive

Dyskeratosis congenita X-linked

Ehlers-Danlos syndrome, dysfibronectinemic type

Eosinophilic granulomatosis with polyangiitis

Erythema elevatum diutinum

Essential thrombocythemia

Evans syndrome

Extranodal nasal NK/T cell lymphoma

Fabry disease

Factor V deficiency

Factor V Leiden thrombophilia - Not a rare disease

Factor VII deficiency

Factor X deficiency

Factor XI deficiency

Factor XII deficiency

Factor XIII deficiency

Familial hyperthyroidism due to mutations in TSH receptor

Familial LCAT deficiency

Familial platelet disorder with associated myeloid malignancy

Familial thoracic aortic aneurysm and aortic dissection

Fanconi anemia

Fetal and neonatal alloimmune thrombocytopenia

Fibromuscular dysplasia - Not a rare disease

Follicular lymphoma

Genuine diffuse phlebectasia

Giant cell arteritis

Giant platelet syndrome 4

Glanzmann thrombasthenia

Glucocorticoid-remediable aldosteronism

Glutamate formiminotransferase deficiency

Glycogen storage disease type 12

Glycogen storage disease type 7

Glycoprotein VI deficiency

Goodpasture syndrome

Gorham's disease

Granulomatosis with polyangiitis

Granulomatous slack skin disease

Gray platelet syndrome

Hairy cell leukemia

Hashimoto-Pritzker syndrome

Heinz body anemias

Hemangioma thrombocytopenia syndrome

Hemochromatosis - Not a rare disease

Hemochromatosis type 2

Hemochromatosis type 3

Hemochromatosis type 4

Hemoglobin C disease

Hemoglobin E disease

Hemoglobin SC disease

Hemoglobin SE disease

Hemolytic anemia lethal congenital nonspherocytic with genital and other abnormalities

Hemolytic uremic syndrome

Hemophilia A

Hemophilia B

Hemorrhagic shock and encephalopathy syndrome

Hennekam syndrome

Henoch-Schonlein purpura

Heparin-induced thrombocytopenia

Hereditary antithrombin deficiency

Hereditary elliptocytosis

Hereditary folate malabsorption

Hereditary hemorrhagic telangiectasia

Hereditary hemorrhagic telangiectasia type 2

Hereditary hemorrhagic telangiectasia type 3

Hereditary hemorrhagic telangiectasia type 4

Hereditary lymphedema type II

Hereditary methemoglobinemia

Hereditary paraganglioma-pheochromocytoma

Hereditary spherocytosis

Hermansky Pudlak syndrome 2

High molecular weight kininogen deficiency

Histiocytosis-lymphadenopathy plus syndrome

Hoyeraal Hreidarsson syndrome

Hypercoagulability syndrome due to glycosylphosphatidylinositol deficiency

Hypereosinophilic syndrome

Hypersensitivity vasculitis

Hypocomplementemic urticarial vasculitis

Hypofibrinogenemia, familial

Hypotrichosis-lymphedema-telangiectasia syndrome

Idiopathic neutropenia - Not a rare disease

Idiopathic thrombocytopenic purpura

Imerslund-Grasbeck syndrome

Inclusion body myopathy 2

Inherited bone marrow failure syndromes - Not a rare disease

Internal carotid agenesis

Intrinsic factor deficiency

Iron-refractory iron deficiency anemia

Jacobsen syndrome

Juvenile myelomonocytic leukemia

Juvenile temporal arteritis

Kanzaki disease

Kaposi sarcoma

Kaposiform Hemangioendothelioma

Kaposiform lymphangiomatosis

Kawasaki disease

Klippel-Trenaunay syndrome

Langerhans cell sarcoma

Lesch Nyhan syndrome

Liddle syndrome

Lipedema - Not a rare disease

Lissencephaly 2

Loeys-Dietz syndrome

Loeys-Dietz syndrome type 1

Loeys-Dietz syndrome type 2

Loeys-Dietz syndrome type 3

Loeys-Dietz syndrome type 4

Lymphedema and cerebral arteriovenous anomaly

Lymphedema-distichiasis syndrome

Lymphomatoid papulosis

Maffucci syndrome

Majeed syndrome

Mantle cell lymphoma

McLeod neuroacanthocytosis syndrome

Megalencephaly-capillary malformation syndrome

Megaloblastic anemia due to dihydrofolate reductase deficiency

Methemoglobinemia, beta-globin type

Methylcobalamin deficiency cbl G type

Methylmalonic acidemia and homocysteinemia type cblX - See Methylmalonic acidemia with homocystinuria

Methylmalonic acidemia with

homocystinuria type cblC - See Methylmalonic acidemia with homocystinuria

Methylmalonic acidemia with homocystinuria type cblD - See Methylmalonic acidemia with homocystinuria

Methylmalonic acidemia with homocystinuria type cblF - See Methylmalonic acidemia with homocystinuria

Methylmalonic acidemia with homocystinuria type cblJ - See Methylmalonic acidemia with homocystinuria

Microcystic lymphatic malformation

Microscopic polyangiitis

Milroy disease

Mitochondrial myopathy and sideroblastic anemia

MPI-CDG (CDG-Ib)

Multicentric Castleman Disease

Multifocal lymphangioendothelioma tosis with thrombocytopenia

Multiple myeloma

Multisystemic smooth muscle dysfunction syndrome

Myelodysplastic syndrome with single lineage dysplasia

Myelodysplastic syndromes

Myeloid sarcoma

MYH9 related thrombocytopenia

Neonatal hemochromatosis

Neutropenia chronic familial

Neutropenia lethal congenital with eosinophilia

Non-involuting congenital hemangioma

Nonspherocytic hemolytic anemia due to hexokinase deficiency

Noonan syndrome

Noonan syndrome 1 - See Noonan syndrome

Noonan syndrome 2 - See Noonan syndrome

Noonan syndrome 3 - See Noonan syndrome

Noonan syndrome 4 - See Noonan syndrome

Noonan syndrome 5 - See Noonan syndrome

Noonan syndrome 6 - See Noonan syndrome

Orotic aciduria type 1

Overhydrated hereditary stomatocytosis

Paris-Trousseau thrombocytopenia

Parkes Weber syndrome

Paroxysmal cold hemoglobinuria

Paroxysmal nocturnal hemoglobinuria

Pearson syndrome

PEHO syndrome

PHACE syndrome

Pheochromocytoma

Phosphoglycerate kinase deficiency

Plasmablastic lymphoma

Plasminogen activator inhibitor type 1 deficiency

Platelet storage pool deficiency

Plummer Vinson syndrome

POEMS syndrome

Poikiloderma with neutropenia

Polycythemia vera

Prekallikrein deficiency, congenital

Primary angiitis of the central nervous system

Primary central nervous system lymphoma

Primary familial and congenital polycythemia

Primary intestinal lymphangiectasia

Primary myelofibrosis

Primary release disorder of platelets

Prolidase deficiency

Protein C deficiency - Not a rare disease

Protein S deficiency

Proteus syndrome

Prothrombin deficiency

Pseudo-Von Willebrand disease

Pseudohyperkalemia Cardiff

Pseudoxanthoma elasticum

Pulmonary arterio-veinous fistula

Pulmonary atresia with intact ventricular septum

Pulmonary vein stenosis

Purpura simplex - Not a rare disease

Pyropoikilocytosis hereditary

Pyruvate kinase deficiency

Quebec platelet disorder

Red cell phospholipid defect with hemolysis

Revesz syndrome

Reynolds syndrome

Rh deficiency syndrome stenosis

Rosai-Dorfman disease

Rotor syndrome

Scott syndrome

Severe congenital neutropenia autosomal dominant

Severe congenital neutropenia autosomal recessive 3

Sezary syndrome

Shwachman-Diamond syndrome

Sickle beta thalassemia

Sickle cell - hemoglobin D disease

Sickle cell anemia

Sideroblastic anemia - Not a rare disease

Sideroblastic anemia pyridoxine-refractory autosomal recessive

Sideroblastic anemia pyridoxine-responsive autosomal recessive

Slow-channel congenital myasthenic syndrome

Sneddon syndrome

Sturge-Weber syndrome

Supraumbilical midabdominal raphe and facial cavernous hemangiomas

Supravalvular aortic stenosis

Susac syndrome

Swyer syndrome

Systemic mastocytosis

T-cell large granular lymphocyte leukemia

T-cell/histiocyte rich large B cell lymphoma

Takayasu arteritis

TAR syndrome

Thalassemia

Thiamine responsive megaloblastic anemia syndrome

Thoracolaryngopelvic dysplasia

Thrombocytopathy asplenia miosis

Thrombocytopenia 2

Thrombocytopenia with elevated serum IgA and renal disease

Thrombomodulin anomalies, familial

Thrombotic thrombocytopenic purpura, acquired

Transient erythroblastopenia of childhood

Transient myeloproliferative syndrome

Triosephosphate isomerase deficiency

Tuberous sclerosis complex

Tufted angioma

Twin to twin transfusion syndrome

Type 1 plasminogen deficiency

Unicentric Castleman disease

Vascular Ehlers-Danlos syndrome

Vein of Galen aneurysm

Von Hippel-Lindau disease

Von Willebrand disease - Not a rare disease

Warm antibody hemolytic anemia

White platelet syndrome

Williams syndrome

Wiskott Aldrich syndrome

WT limb blood syndrome

Wyburn-Mason syndrome

X-linked sideroblastic anemia

X-linked thrombocytopenia

Yellow nail syndrome

Blood and Genetics

There are many pages which throughout the years I have seen that mention deliberate misleading information, many of such pages belongs to the NIH portal, and this is just one example:

> "**Many blood diseases and disorders are caused by genes.**" - in "Blood Diseases" National Institute of Diabetes and Digestive and Kidney Diseases NIH 2021.

Which is a deliberate misleading claim, with the aim to pursue the Genetic Theory of Disease.

Another Medical Trade Theory that brings no practical results and fleeces the private and public purse. At the time when I saw the claim in this website, I thought on doing a chapter on misleading information from the Medical Trade.

For weeks after looking at the claim on this website, the thought never left my mind, because of the extraordinary misleading statement.

It was this misleading claim, that made me decide that a chapter on dis-mis-mal-Information from the Medical Trade had to be written.

During the years I have seen many false claims, but never though on compiling them. As time progresses, this

misleading claims may get bigger, and bigger, and eventually, as we known, they may end up as "pandemics".

It is important that we mention all and every claim made by the Medical Trade, and their parrots the media, and the uneducated and irresponsible politicians.

Examples from the Wikipedia web-portal:

The Word Germ

The word Germ in wikipedia takes you to a page where you have to select several options; when you select the option that you want in this case: "**Germ (microorganism),** an informal word for a pathogen", it takes you to a page with a totally different name "Pathogen", in other words they want to educate people that a germ is a "pathogen".

That germs are all pathogens, that germs are all bad.

The Word Unicellular Organism

"A unicellular organism, also known as a single-celled organism, is an organism that consists of a single cell, unlike a multicellular organism that consists of multiple cells.

Unicellular organisms fall into 2 general categories:

1. Prokaryotic organisms.
2. Eukaryotic organisms.

All prokaryotes are unicellular and are classified into bacteria and archaea. Many eukaryotes are multicellular, but many are unicellular such as protozoa, unicellular algae, and unicellular fungi.

Unicellular organisms are thought to be the oldest form of life, with early protocells possibly emerging 3.8–4 billion years ago." - in "Unicellular", Wikipedia, 2021.

No mention of viruses!!!

The Word Multicellular Organism

"The role of viruses - **Genes borrowed from viruses and mobile genetic elements** (MGEs) **have recently been identified as playing a crucial role in the differentiation of multicellular tissues and organs and even in sexual reproduction**, in the fusion of egg cell and sperm.

Such fused cells are also involved in metazoan membranes such as those that prevent chemicals crossing the placenta and the brain body separation.

Two viral components have been identified.

The first is syncytin, **which came from a virus.**

The second identified in 2007 is called EFF1, which helps form the skin of Caenorhabditis elegans, **part of a whole family of FF proteins.**

Felix Rey, of the Pasteur Institute in Paris **has constructed the 3D structure** of the EFF1 protein and shown it does the work of linking one cell to another, in viral infections.

The fact that all known cell fusion molecules are viral in origin suggests that they have been vitally important to the inter-cellular communication systems that enabled multicellularity.

Without the ability of cellular fusion, colonies could have formed, but anything even as complex as a sponge would not have been possible." - in "Multicellular", Wikipedia, 2021.

This is a clear section that says everything, and says nothing. It is just the building up, in the intent to infusing a theory. This are the steps used to build up a foundation where one exists not, for the raise of a false theory, based on false pretensions.

The Word Toxaemia

"Toxemia may refer to: A generic term for the presence of toxins in the blood, see Bacteremia # Consequences
Another term for Pre-eclampsia" - in "Wikipedia"

There is no page for Toxaemia. We guess that Toxaemia, is not a big deal then. Or it is not a topic of interest, or that it is something that we don't want to educate people on it. Better for the Medical Trade Business model to promote that germs are bad, and that a vaccines will sort them out.

Examples from Other Organizations web-portal:

> *"People who are infected with an influenza **virus** may develop **sepsis. Sometimes incorrectly called blood poisoning, sepsis is the body's often deadly response to infection.**" - in "Sepsis Alliance", 2021.*

The Causative Relationship

"From a surgical standpoint it is necessary to include under auto-intoxication, not alone the lesions caused by the substances formed through the vital processes of the organism. Thus, we limit ourselves here to a consideration of partial obstructions by whatsoever cause, and of **colonic infections which are destructive or inhibitory of its normal functions, particularly those functions which protect the body from infection through it. The causative relationship of infection to polyposis is further supported by the fact that after ileostomy the inflammation subsided and the tumours disappeared.** The third colonic lesion to which we have given special attention is a local infection of the ceco-colon, a typhlo-colitis, not extending far beyond the hepatic flexure, and giving systemic symptoms of profound **auto-intoxication. These cover a wide field of human ailments and are familiar to all."** - Dr Jerome Morley Lynch, MD, Dr John W. Draper, MD, in "The Infected Colon and its Surgical

Therapy", Studies from the Clinic of Gastro-Intestinal and Rectal Surgery, New York Polyclinic Medical School and Hospital, Laboratory of Physiological Surgery of the New York University Medical School, New York State Journal of Medicine, October 1915.

"From these observations he draws the natural inference **"that removal of the sepsis stops the anemia,** or greatly lessens that due to other causes which it is complicating."

It is quite evident that Hunter attaches great importance to the demonstration of an infective focus in some part of the body, particularly in the gastrointestinal tract. He lays a good deal of stress on what he terms "oral sepsis", and it is a matter of common clinical experience to find in markedly anemic patients, evidences of low grade infection in the mouth, and especially about the teeth. Hunter, from his studies, would distinguish between what he terms "progressive hemolytic anemia" and "septic anemia."

He maintains that; **"they are but the varying expressions of the blood cells to the infective toxic influences operating on them and on the blood glands.** They denote the activity, or quiescence of these infective factors - but, if taken apart from the clinical features, not the nature of the anemia."

The difficulties of differentiating these 2 varieties are not so great as might appear on first sight. A close correlation between the blood picture as observed over a fairly long period of time, and the clinical manifestations of each individual case, is evidently desirable in order to determine the possible factor or group of factor instrumental in producing the anemia." - in "Post Graduate", March 1914.

> ***"The immediate indication is to stop the excessive acid production and to give rest to the irritated intestine. Colon Toxemia exerts a profound influence on the general health. It has been shown that certain organisms, notably the tubercule bacillus, will grow in the culture tube much more actively and much more rapidly in the presence of bacterial toxins than***

they will in their absence. Bronchopneumonia is extremely apt to develop in children suffering from intestinal affections." *- Dr Ralph Vincent, MD in "Bacteriological Diagnosis and Treatment of Alimentary Diseases in the Infant and Child", American Journal of Dis. Child., February 1914.*

"Difficult digestion and mat-assimilation. Diarrhea can produce toxins that may induce vasomotor paralysis. *Twelve of my cases had intestinal disturbances, shown by abnormal stools." - Dr H. D. Chapin, MD in "Cases of Edema in Infants", Arch. of Ped., January 1914.*

"The bacteria of the oral cavity are very apt to produce a distant impression which is overlooked for the reason that they are not recognized as being active in the mouth.

This occurs in many ways: Mouth bacteria carried to the acid stomach may be killed in large quantities. When that happens, they are stripped down to their protein nuclei. A protein poison is set free. **If this is absorbed, and not metabolized, it becomes a somatic poison,** and we may have such a marked systemic effect as scurvy from a protein poison derived from a bacterium living about the roots of the teeth, and not in evidence at the point at which it lives.

We know that oral cavity bacteria produce many arthritic conditions, and the reason why a comparatively small collection of bacteria about the roots of the teeth may produce such a distant effect as arthritic conditions, is probably due to the fact that we have manifestation of an allergic process. Now, why do we suppose that an allergic process may proceed particularly from bacteria of the mouth?

We have there varying pressures. If a tooth abscess, for instance, is subjected to a certain degree of pressure and the contents confined, **the bacteria may die from their own toxins.** When they have done this, a certain number remain latent, and **poisons of dead bacteria pass out into the general circulation**, no matter if the abscess is well walled

in. **If these poisons are not metabolized, they may sensitize the protoplasm of some particular tissue in the body.**

That transmutation of bacteria from varying pressure is one of the most remarkable phenomena which have recently been observed in connection with bacterial habits. The streptococcus viridans will go through transmutations which allow it to develop into a capsulated diplococcus." - Dr Robert T. Morris, MD, in "Oral Sepsis from the Standpoint of the General Surgeon, Post Graduate, May 1914.

"The term "Oral Sepsis" was employed for the first time in 1900, by William Hunter, to describe the conditions of the mouth and their effects on the body. **We are not discussing a disease distinctive in itself, but the location of the incubator and the portal of entry for bacteria and toxins which have produced a constitutional result by the destruction of blood cells and paralysis of the nutrition of the body cells. From the various suppurating points the bacteria or the toxins readily gain access to the general circulation directly through the lymph or blood channels. The absorption of these bacterial and food toxins may produce changes in the blood of a hemolytic nature, to combat which the blood-forming mechanism is stimulated and, according to the preponderance of the forms of the cellular elements,** indicates, under the present mode of classification, the type of the anemia. **Head claims that cases of herpes zoster, under which term he includes all eruptions following, and limited by, the course or distribution of nerves from a dorsal root ganglion, are due to infection of these ganglia and spinal roots.** It may very well be that the point of entry or origin of the toxin is the purulent tooth of the nerve which is involved in an inflammatory process." - Dr R. H. Hansley, MD, in "Oral Sepsis from the Standpoint of the Internist", Post Graduate, May 1914.

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See Narcotic *habit.*

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Convulsions in Early Life

"Of all exciting causes of convulsions the one most frequently present is undigested food in the alimentary canal.

The convulsion is more often due to toxemia than to reflex action. **It is a true intoxication, by which we mean in these days an absorption of poisonous ptomains from putrefying matter.** The bacteria may not enter the blood.

The ptomains which they generate are absorbed and act as true poisons.

The proteid elements of food are especial offenders, and **the poisons which they generate are particularly virulent."** - Dr F. M. Crandal, MD in "Archives of Pediatrics", November 1912.

"The blood, being rendered incapable of conveying nutrition to the tissues, is excluded from the capillaries through which this nutrition is conveyed.

The condition requisite for maintaining the capillary circulation being destroyed, it is not unnatural that the circulation itself should cease. Thus it will be seen that, though we insist on the morbid state of the blood as the first step in the series, we do not make the second step (the cessation of the capillary circulation), to depend simply upon the thickened state of the morbid blood, but to the temporary destruction in it of the ability to furnish nutriment to the tissues, and the consequent loss of those affinities between the blood and the tissues which are the essential condition of the capillary circulation.

But, **the term nutrition has a very extensive application, and must be considered to include such an interchange of elements, as in health suffices not only to supply pabulum to the part, but to remove from it the debris arising from the wear of the tissues.**

Consequently there is, on the suspension of this interchange, another set of phenomena, **the tissues become charged with effete matter: This would constitute another stage in the disease.**

Thus, the muscles retain those elements in their ante-penultimate condition of decay, which, if the change were complete, would pass off as the constituents of urine and bile by their respective Emunctories.

In consequence of this, there is stored up in the substance of the muscle many highly irritating matters, which, by their presence, give rise to the cramps of cholera." - Dr Edward Woakes, MD, in "The Theory Of Cholera Collapse", The British Medical Journal, 13 October 1866.

On the Pathology and Treatment of Cholera

"The majority of authors who have treated or cholera have drawn their descriptions too exclusively from the more appalling forms of the disease; and **sufficient attention has not been paid to those cases which, from being mild, or in some way favourably circumstanced, terminate in recovery, with little or no medical interference.**

Much is to be learned from a study of simple cases which have not been disturbed by treatment. **In many diseases, as Pneumonia, Scarlet fever, etc., there are a number of cases which recover almost spontaneously.**

Dr Cormack then insisted on the necessity, in the study of an epidemic, of observing the character of all the diseases within a given district. The author then entered on the question of **the pathology of cholera.**

From the writings of Alibert, Comparetti, and other old authors, and from the observations of Dr Charles Bell, Dr James Bird, and himself, he was led to consider **cholera to be essentially a pernicious intermittent fever. Periodicity has long been recognised as an essential element of cholera, and that its treatment by anti-periodic remedies is of equal antiquity.**

He summed up his observations on the pathology of cholera in the following conclusions:

1. Cholera is a fever, intimately related to those fevers which depend on Malaria.

2. The intermittent or remittent type can be generally recognised in the milder, and also not unfrequently (though less distinctly) in the severer cases.

3. The stage of collapse ought to be considered as an aggravated cold stage of the paroxysm of a pernicious fever, which may spontaneously terminate in death or reaction.

4. The least dense portion of the blood has an excessive tendency to exude through the capillaries of the stomach and bowels, and pass from the body by vomit and stool.

5. The inspissated residual blood being unable to pass through the small pulmonary vessels, causes congestion of the lungs; and as speedy consequences of this condition, paralysis of the right side of the heart from over-distension, asphyxia, and other subordinate derangements of the vital actions.

6. Death may take place from

a. Axphyxia.

b. Necraemia, with loss of the least dense portion of the blood by stool and vomit.

c. Necraemia, without such loss of the least dense portion of blood as can be discovered during life, the exudation remaining within the stomach and intestines.

d. Toxaemia from absence or deficiency of sanguineous depuration.

e. Inflammation of lungs or other organs supervening in convalescence.

f. Debility.

g. Gastro-enteritis.

h. Two or more of the above causes combined.

7. The anatomical lesions found on dissection vary with the causes of, and circumstances attending, death." - in "The London Lancet", 1854.

Why Does Cholera Not Wipe Out The Wild Pigs?

"The microbe is the Atlas of organic life, carrying the world upon its shoulders.

When bacteria die, what becomes of them? They are used as food by other bacteria, or by higher organisms.

In the organic world, the microbe wields far more influence than is wielded by man or any other organism.

By "microbes" I mean bacteria chiefly, and by "microbe toxins", not only the products of their activity, - indol, skatol, phenol, mercaptan, ptomaines, hexone bases, hydrogen sulphide, and other poisons, - but also their protein contents, which are freed when they die.

These latter cause so much disturbance to living organic cells when suddenly freed from great numbers of microbes at once, that abnormal work is placed upon some of our protective cell resources.

It is a common thought among the laity to consider the word microbe as referring to something destructive.

The horticulturist has learned that the very life and character of his plants must depend upon increase of microbes which are beneficial to his plants. That is what cultivation and fertilization mean, - the allowing of good microbes to grow, the kind which split up organic matter and inorganic matter in the soil in such a way as to allow plants to make use of the materials.

It is also known that bad microbes, destructive ones, increase under precisely the same conditions, and the race in the garden is always one with three starters – plants, good microbes and bad microbes, - all starting off on even terms at the drop of the farmer's hat.

Why do we cultivate the ground? In order to allow bacteria to do their work in the best way.

Cultivation of the soil in the garden and in the field has no object whatsoever excepting to give bacteria a chance to grow and to take their part in the development of higher plants. Good and bad microbes grow simultaneously.

Why does cholera not wipe out the wild pigs?

In cell development and construction under conditions of cell poisoning, the germ cells are injured as well as are the sterile or protecting cells, and where there is a high degree of Chronic Colon Poisoning, for instance, the progeny of an individual are feeble or decadent, if any are produced.

Direct lessening of ability to reproduce is more or less due to the introduction into the circulation of cyto-toxins, or cell poison from the colonic microbes, and this is of fundamental importance in estimating the probable domination of any one race of men.

The greater the number of germ cells that are left uninjured by cyto-toxins, so much greater the reproductive ability in that race.

The greater the proportion of nutritive or protective cells, the better nutrition and protection of both groups of cells.

Perhaps the most important of these destructive changes is represented in what we call allergy. Allergy refers to a certain general kind of toxic sensitization of protoplasm.

Every single microbe in the world with its toxin, good or bad, when brought into contact with any other organic cell brings about some change in the matter of a cell - of a whole body - of the whole world - of the whole universe.

We now know some of the bacteria which cause arthritides. **Thyroid enlargement can be produced experimentally in man, and then reduced by the administration of gastro-intestinal antiseptics, as shown by McCarrison.**

When Colonic Intoxication is large in degree and expressed in enlargement of the thyroid gland there is apparently a marked hyperplasia of tissue, but the gland diminishes in size when the amount of intoxication is lessened, through lessening the influence of the original toxic source.

If this fluctuation in the size and character of one of the adrenal group of glands is observed to take place, little imagination is required for assuming that similar changes

are taking place in all of the ductless glands, as a result of toxic processes of colonic origin.

Internal secretion from ductless glands may act at a great distance from its locality of production.

Microbe toxins are injurious when they insidiously arouse or continue the emotions.

Balance is restored particularly well if the individual takes exercise enough to oxidize those waste products which accumulate in excess during the time when his physiology is busy with a strong emotion.

There is a formation of acid by-products which must be disposed of by the liver chiefly.

When we observe an individual who is angry we know that he is becoming actually sour, and this sourness is demonstrable in the laboratory.

People who allow themselves to have strong emotions are apt to be the very ones who take insufficient exercise, and the reason for that is because the debilitating effect of an emotion leaves them disinclined to make further exertion of any sort.

In days to come, when people get to understand the subject fully, they will arrange balanced rations of emotion and exercise, very much as they now arrange the balanced ration of food upon a diet chart.

One who adopts the habit of allowing any sort of emotion to appear in excess, be it jealousy, grief, worry, envy, in fact any sort of emotion, must remember always that his whole physiology has to stand the consequences.

It is not only the effect of overwrought nerves from which he suffers, but actual demonstrable cell change takes place in all of those organs of the body in which cells are working over-time when maintaining an emotion.

In case such organs do not have full opportunity for recuperation their cell organization becomes permanently deranged, and we have in consequence various diseases of the heart, lungs, kidneys, and other vital organs.

Control over the emotions is exercised by the will, but freedom of the will is restricted through the influence of microbic toxins.

A vicious circle may become established whenever disturbance of digestion following upon indulgence in an emotion allows microbes to increase disproportionately in the alimentary tract.

Their toxins being absorbed in excess of the metabolizing power of the individual, must have something chemical to do.

They may engage in the mischief of arousing or continuing emotions in a morbid way by over-stimulating the ductless glands.

Over-stimulated ductless glands pour out an excess of activating secretion for the motor organism.

An individual suffers morbidly from the effects of anachronistic activation of his motor organism consequent upon the arousing or continuing of emotions which follow such activation.

According to nature's plan, **appropriate action should normally follow an emotion.**

A man's machinery is working under unofficial orders **when microbe toxins call out activating secretions, and michievously oblige emotions to appear.**

These emotions give orders to the organism to engage in those actions for which the emotions were phylogenetically intended.

It will probably be a decade or so from the present time before we shall isolate and cultivate separate species of colonic bacteria, and find that toxins of each species when employed experimentally will produce characteristic illness belonging to their respective activities.

Thus, we may cultivate one species and secure a toxin which will produce Chronic Articular Rheumatism; a 2nd species may cause Arthritis Deformans; a 3rd may cause Psoriasis; a 4th may cause Eczema; a 5th may cause Exophthalmic Goitre; a 6th may cause Lumbago; a 7th may cause Trigeminal Neuralgia; an 8th may cause Dementia Praecox (Schizophrenia); a 9th may cause Melancholia; and so on, through a long list.

Medical history is after all nothing but natural history, and various diseases represent results only of life histories

of bacteria, when we consider the question of conditions fundamentally and as a whole.

At the present time with our crude methods in medicine, even when making a flock shot at the colonic bacteria, we note remarkable results; and the numerous laxatives and cathartics are an outcome of this observation.

At the present time we do not use them with any high degree of intelligence, but the time is coming when we shall make a rifle shot at the heart of a particular species of bacterium. Further than that, we shall take away its food. We shall find the particular protein which it splits up into troublesome poisons for any particular host.

For people who suffer from the continued influence of toxins from the colon I would coin the word "colonics".

The colonic physically may develop hard arteries and a hard liver.

A mind under the influence of various toxins from the colon has a tendency to form misconceptions many times in the course of a day because of toxic injury to the physical brain cells of the individual.

Misconception like other features of the human mind is mechanistic in its origin and interferes with the smooth running of the mind quite as much as any machinery is interfered with when cogs are out of order.

The colonic sometimes has to sit up in bed at night with open windows in a hunger for oxygen to oxidize the cruel toxins that are burning his fevered head.

Toxin from the colon is not different from alcohol or from opium, if we are to place it on a simple basis of classification as "a drug."

There are, to be sure, great variations in degree and intensity of action of all these drugs, alcohol, colonic toxin, or morphine, but in order to grasp the subject in a comprehensive way, we must consider them as all standing in the same general relationship to protoplasm of the individual.

Even when more or less under the influence of any one of these drugs, the victim may have more or less good control temporarily, but which cannot be maintained at all times.

The colon bacillus, or some of the anerobes take their trick at the wheel chiefly during occasions of colonic stasis. When kept moving as a mob they do little harm, but when allowed to assemble they take charge of the ship.

Many skin diseases with various patterns and long names are simply smoke from colonic microbes below, and yet the specialist in skin diseases is commonly the last one to find this out in any given case.

Carrel has shown how the death of tissue cells is due to their inability to eliminate waste products, but his studies have not included the idea of inability of sagging viscera to eliminate bacterial toxins well.

I believe such toxins to be much more injurious than waste products proper.

It is probable that toxins from the entire gastro-intestinal tract produce malign influence at times, perhaps quite as much as those of the colonic group of bacteria, but the colonic group has been studied so extensively during the past 10 years that we are standing upon firm ground when tracing definite toxic influences to the colonic group alone.

The lungs, liver, spleen, kidneys, and other old-fashioned vital organs are known to be injured by waste products from body cells and to suffer from overwork in eliminating them, we have recently begun to take up the subject of up-to-date organs like the ductless glands, and their response to influences of bacterial products.

Body cells of the higher organisms have presumably been engaged in warfare with the microbe since the time when organic competition began. Response of body cells to the influence of different kinds of microbe toxins varies in degree, no doubt, according to the familiarity of body cells with particular toxins. In certain countries in which smallpox involves almost the entire community this disease runs a comparatively mild course, its toxins being met rather successfully by the habituated body cells of man, in addition to the factor of senescence of protoplasm in a family group of microbes." - Dr Roberts T. Morris, MD, in "Microbes and Men", 1915.

Chronic Colon Poisoning

"The methods herein advocated are based on well-known scientific principles, and that this little manual is also designed to serve as a practical guide to both physicians and nurses, in that it is hoped it will prove to be a help to them in their efforts to formulate and successfully carry out the various methods of dietetics and other treatments in the management of these common disorders of metabolism.

Many people are thin as a result of **Chronic Constipation — Auto-intoxication**. The whole process of digestion, assimilation, and elimination is upset and interfered with.

They live, day by day, in a state of chronic colon poisoning. The drafts in the furnace of the human engine are clogged, the ashes are not promptly and properly disposed of, and the fires of life burn dimly.

There is a sort of smothering of the vital processes — a poisoning of every one of those millions upon millions of little cells which constitute the wonderful cooperative organization of the human body.

The furnace of life is clogged with clinkers and stuffed up with cinders.

Food is not properly burned up by the poisoned cells of the body, neither are its undigested remnants properly and promptly eliminated from the body.

When fermentation takes place in the intestinal tract many poisons — toxins — are absorbed into the blood-stream.

They render the blood too highly acid, they irritate the nerves, they produce dark spots under the eyes (so-called liver spots), they may often produce a foul breath, interfere with the appetite, and gradually result in a loss of body weight until the patient becomes actually emaciated." - Dr William S. Sadler, MD, Dr Lena Kellogg Sadler, MD, in "How to reduce and how to gain", 1920.

A Powerful Exciting Cause of Disease

"Faecal matters develop, under certain circumstances, a contagious poison, which becomes a powerful exciting cause of disease. I do not deny that those diseases to which I shall presently allude may be generated by the decomposition of other vegetable and animal matters, nor do I in any way assert that the faecal poison is the only one which is in general operation; but **I wish peculiarly to direct attention to this poison as a frequent cause in originating and continuing these diseases, and in afterwards rendering them fatally destructive.** I also hope thereby to call the attention of our sanitary corps of officers to this source of disease, so that it may be tested by those facts, with which they will be sure to meet in the performance of their duties; and that both in regard to prophylaxis and treatment a broader and more general principle of action may be adopted. And because, **in the same measures by which these faecal poisons are withstood and counteracted, other vegetable and animal poisons are equally opposed and destroyed, so we may hope that the occurrence of many diseases, especially those of the epidemic, and endemic varieties, may be prevented, or at least the type of such diseases may be rendered so much more benignant, that their treatment will become, under Providence, comparatively easy and successful."** - Dr Charles Henry Felix Routh, MD"Faecal fermentation as a cause of disease", 1856.

"Science is my life. But when **I hear somebody intone, "science says" or "follow the science", I get very nervous. We all need to get over this notion that just because someone (be it a politician or even a scientist) employs the phrase "science says" means whatever they're saying is right. It might be right. But it might also be wrong. And if it's wrong, it won't necessarily be a bunch of scientists who say it's wrong. It might be one guy."** - Brian Keating, PragerU, 5 April 2021.

Chapter 2

Notes On So-Called Medical Science

"The health of a people is really the foundation upon which all their happiness and all their power as a State depend. It is quite possible for a kingdom to be inhabited by an able, active population. You may have a productive agriculture, the arts may flourish, and architecture may cover your lands with temples and palaces; you may have even material power to defend and support all these acquisitions; you may have arms of precision and fleets of torpedoes; but if the population of that country is yearly diminishing, if while it diminishes in numbers, it diminishes also in stature and strength, that country is ultimately doomed." - Benjamin Disraeli, Prime Minister of the United Kingdom, June 1877.

"Clinicians are always dealing with symptoms. Some, they can readily interpret; others, they are forced to admit are beyond their understanding. Many of the most difficult symptoms to explain are of a reflex nature.
The clinician's failure to understand is often not because the cause is not known to physiology but because physiology and the clinic are too widely separated.
The subject of visceral pain, the functional changes in blood pressure, the clinical syndromes which are expressed through the nerves supplying the heart, gastrointestinal tract, and lungs, have all been given considerable attention; but many medical men still fail to appreciate the myriads of visceral reflexes which are produced by the organism in adjusting its body functions to

its external and internal environment.
Though I have devoted myself to the study of diseases of the chest, a so-called "specialty"; for more than 20 years, experience has led me to see that such a thing as a medical specialty in the accepted sense of the term, cannot exist.

***Diseases cannot be divided into those of this and that organ; for the human body is a unit. One part cannot be diseased without affecting other parts. No organ can be understood except in its relationship to other organs and to the body as a whole.**" - Dr Francis Marion Pottenger, MD, FACP, Professor Emeritus of Clinical Medicine, University of Southern California, in "Symptoms of Visceral Disease: A Study of the Vegetative Nervous System", 1944.*

From Pneumonia to DNA

"When the hospital of the Rockefeller Institute chose to focus research on pneumonia, it was a common and serious, often fatal disease.

In the early 1900s in the United States, **Pneumonia, as the leading cause of death, accounted for 202 deaths per 100,000 population.**

The major medical research institutes established at that time; the Lister Institute in London, the Pasteur Institutes, and Koch's Institute in Berlin.

All emphasized the central importance of bacteriology.

These institutes served as models for the Rockefeller.

Bacteriological research also fitted well with the ideology of laboratory medicine advocated at the Rockefeller Institute Hospital, with the organization of the hospital as both a clinic and a research center." - Olga Amsterdamska, in "From Pneumonia to DNA: The Research Career of Oswald T. Avery", Historical Studies in the Physical and Biological Sciences, January 1993.

From Intoxication to DNA

> ***"First attempts were made to identify the substance chemically and to study its role in the intoxication accompanying pneumonia, thus placing the research within the evidential context of toxicity of bacteria."*** *- Alfonse R. Dochez, Oswald T. Avery, "The elaboration of specific soluble substance by pneumococcus during growth", JEM, 1917.*

How convenient it is for the **Medical Trade**, that the "Reasons", or "Causes" of disease, are to be found in **genetics**.

Not in the common sense, preventable, treatable and curable Autointoxication.

Please Read: Chapter 8, "Genetic Fudge", in the Book "Medicine The Lies, The Greed & The Death", 2020.

"**Oswald Theodore Avery** was a monumental force in the development of medical research in the United States. Even among scientists, Avery is known chiefly as the senior author of a paper published in 1944 that identified DNA as the purveyor of genetic information." - René Jules Dubos, in "The Professor, the Institute, and DNA", 1976.

> *"In 1912, Rufus Cole, who had noticed some of Avery's publications, offered him a position at the recently opened Rockefeller Hospital, a facility for clinical research and part of the Rockefeller Institute.*
> *Avery accepted. At the institute, Cole, Avery and Alphonse Dochez developed the first effective immune serum against* ***a strain of pneumococcus, a bacterium causing pneumonia****." - in "Oswald Avery", Wikipedia, 2021.*

Causes of Pneumonia

Common Causes of Pneumonia

"**Viruses, Bacteria, and Fungi** can all cause Pneumonia.

In the United States, common causes of viral pneumonia are influenza and respiratory syncytial virus (RSV).

A common cause of bacterial pneumonia is Streptococcus pneumoniae (pneumococcus).

However, clinicians are not always able to find out which germ caused someone to get sick with pneumonia.

Healthcare-Associated Pneumonia

Healthcare-associated pneumonia is when someone develops pneumonia during or following a stay in a healthcare facility. Healthcare facilities include hospitals, long-term care facilities, and dialysis centers.

Ventilator-Associated Pneumonia

Ventilator-associated pneumonia is when someone gets pneumonia after being on a ventilator, a machine that supports breathing.

The **bacteria and viruses** that most commonly cause pneumonia in the community are different from those in healthcare settings." - in "National Center for Immunization and Respiratory Diseases", CDC, 9 March 2020.

How convenient for the Medical Trade that Pneumonia is caused by either bacteria which can be proven, and by a **"virus".**

Disease is not a "Biologic Event"

"Disease is neither; something that is "expected", nor something that is "programmed" in your "DNA" (genetic), nor is Disease "Random". None of these are factors in the causation of disease. This statement, is directly opposite to the so-called, privately funded "Medical Science". Thus, one of us is lying! ***Know then, in whom you believe, in whom you trust, and who Is the Author of your Believes!****" - Rui Alexandre Gabirro, Emunctologist.*

Americans Have Come to Believe, that Science is Capable of Almost Everything

"Americans have come to believe, that **science is capable of almost everything**.

Any glib salesman who has **a white coat** and calls himself a doctor can take a black box, a powder, **a pill, or a liquid and set out to capitalize on it.**

Beware of Any Medical Experts

How can you tell a quack from an ethical medical practitioner?

Dr Orr's advice: **Beware of any "Medical Expert."** - Dr Louis M. Orr, MD, President of the American Medical Association, in "Newsweek", 7 July 1958.

Medical Education

> ***"Medical Education: Is throwing dust in people's eyes to keep them in ignorance."*** *- Dr Ulric Williams, MD, in "Hospital's and Hooey or Health?", 1941.*

"Most people know that doctors don't get taught much about nutrition, but, **the real problem is that the little we do get taught is mostly wrong.**

Last year, I was giving a tutorial to some doctors.

So, I gave them a short test on diabetes and nutrition, to see how their medical education measured up.

The average score was 9 out of 22, just shy of the score my receptionist got.

And these were intelligent doctors, their medical education had just failed them, and this unfortunately means that **doctors often give bad nutrition advice.**

And more importantly, it also means that doctors often can't recognize good advice, even when it's in front of them, and this is due to something called confirmation bias, where **everything a doctor sees is filtered through the lens of their biased education.**

Doctors, everyday are parroting guidelines about what they get taught in Medical School, to the detriment, I believe, **of the health of our population.**

As the decades roll by, it's apparent that the population is getting sicker.

But just how sick, might actually surprise you.

A national survey ("Prevalence of Optimal Metabolic Health in American Adults: National Health and Nutrition Examination Survey 2009-2016", Metabolic Syndrome Related Disorders, February 2019), on U.S. adults on 5 metabolic health markers, found that only 12% of U.S. adults were healthy on all 5 metrics.

And the problem is much worse for those over 60 with only 2% considered healthy.

This means, there are literally millions of people, out there, with metabolic illness, placing them at risk of diabetes, heart attacks, stroke, cancer, dementia, and more

most who don't even know it." - Dr Paul Mason, MD, in "Are you smarter than a Doctor? What your doctor doesn't know about nutrition", 17 January 2021.

Medical Trade Indoctrination

"In the early years of this century American medical education entered into a struggle to establish itself as a respectable education for a profession rather than as a preparation for the practice of a trade.

Medical education entered into a struggle from which we emerged, by and large, victorious, and there followed an era when American medical education was viewed with envy in other parts of the world.

Students came in increasing numbers from Europe and elsewhere to round out their medical training, and American innovations were imitated.

We have witnessed the explosive growth of biochemistry, physiology, genetics, microbiology, and the other sciences fundamental to medicine.

We have seen the bases of medical practice shift from a predominantly empirical to a largely scientific discipline.

Since the scientific base of medicine is growing more or less exponentially, it is predictable that with each succeeding class more science, rather than less, must be taught and learned.

On secondary school foundations colleges can and do build increasing scientific preparation into premedical students.

Modern courses in biochemistry, **genetics**, and behavioural science **are widely offered in baccalaureate programs and are commonly taken in preparation for medical school." -** Dr DEWITT STETTEN, JR., MD, Director National Institute of General Medical Sciences Bethesda, Md., in a panel, The Medical School Curriculum: The Indoctrination of the Medical Student, Symposium on the Education of Tomorrow's Physicians, Committee on Medical Education of the New York Academy of Medicine on 12 October 1972, in Bull. N. Y. Acad. Med., April 1973.

Please Read Chapter 8: "Genetic Fudge"; "Genetics Another Medical Trade Fantasy", in the book "Medicine The Lies, The Greed & The Death", 2020.

Indoctrination also Known as Propaganda

"1. Uses generalizations, "allness" statements: Lacks specific references and data.

2. One sided: Different or opposing views are either ignored, misrepresented, underrepresented, or denigrated.

3. Card stacking: Data carefully selected to present only the best or worst possible case. Language used to conceal.

4. Misleading use of statistics.

5. Lumpism: Ignores distinctions and subtle differences. Lumps superficially similar elements together. Reasons by analogy.

6. False dilemma (either/or): There are only 2 solutions to the problem or 2 ways of viewing the issue - the "right way" (the writer or speaker's way) and the "wrong way" (any other way).

7. Appeals to authority: Statements by selected authority figures used to clinch an argument. "Only the 'expert' knows."

8. Appeals to consensus (bandwagon): "Everybody's doing it" so it must be right.

9. Appeals to emotions and automatic responses: Uses words and pictures with strong emotional connotations.

10. Labeling: Uses labels and derogatory terms to describe proponents of opposing viewpoint.

11. Ignores assumptions and built-in biases.

12. Language usage promotes lack of awareness." - Robert H. Sorge, in "Indoctrination vs. Education", Townsend Letter for Doctors, No.69, p. 173.

> *"An investigation later discovered that* ***in the 8 months up to his death, Elvis Presley was prescribed an incredible 8,805 pills and injectable drugs, including powerful painkillers.****" - in "The Sun", 16 August 2017.*

Medical Advise

*"**The supposed masters in the profession are looking for the causes of disease**, and it should be obvious to any thinking mind that, **until the cause of disease is found, certainly no dependable advice can be given as to how to avoid disease.**" - Dr J.H. Tilden, MD, 1926.*

If the causes of diseases are unknown, then, what kind of advise is being given by the Medical Trade?

Medical Advise
The Sick Advising the Sick

Australia

"The issue of mental health among Australia's doctors and medical students has been in the headlines. Four junior doctors from one cohort have taken their lives within 6 months.

The National Mental Health Survey of Doctors and Medical Students shows that the profession experiences higher rates of mental illness than the general community." - in "Are you a doctor in Australia struggling with mental health issues?", The Guardian, 17 May 2017.

United Kingdom

"27% of respondents reported being diagnosed with a mental health condition at some point in their life, 7% said they were diagnosed in the past year.

Medical Trade Doctors Don't Trust their Own Medications

While the majority of respondents said they **did not use self-medication or prescribing** as a way to cope with a mental health condition, 1 in 3 said they used it regularly or occasionally." - in "Caring for the mental health of the medical workforce", British Medical Association, October 2019.

No Longer Possible to Trust Medical Trade Research, or, Rely on the Authority of Medical Trade Guidelines

"Conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine." - Marcia Angell, in "Drug Companies & Doctors: A Story of Corruption", The New York Review, 15 January 2009.

"Academic institutions bear responsibility for the pressure to publish for career advancement that can result in research misconduct.

A record of prominent publication is likely to attract future funding, which institutions demand, and good publicity, which institutions desire.

Other pressures for misconduct come from the association of academic institution with industry, such as when investigators or their institutions hold patents or shares, or they receive payments from industry, so that there is financial pressure to publish research that will be profitable for the company and to suppress "negative" findings.

Some publications are simply organised criminal activities, which may be at the behest of sponsors, when prominent academics are paid large sums of money to publish false data by industry, or a sponsor may be one of

the victims, when payments for conducting research are made to "investigators", who simply fabricate data.

Medical journals have financial pressures to publish positive findings of research on drugs and medical devices, because their manufacturers buy reprints of the papers for distribution to doctors and they pay for advertisements linked to articles favourable to their product." - Dr Peter Wilmshurst, cardiologist, in "Submitted Evidence to Parliament, Science and Technology Committee, Inquiry into Research Integrity", RIN0091.

Babies and Mothers Deaths Scandal Could be One of Largest in History of NHS

"The review covers fatalities and other serious outcomes in a 40 year period up to the end of 2018. The number of cases being investigated: "now stands at 1,170 as more families have been identified. The cases have kept growing as the number of families coming forward to us has continued." - in "Guardian", 21 April 2020.

Additional 496 Cases Raise Fears of a Possible Cover-Up

"The additional 496 cases raise further serious concerns about maternity care at Shrewsbury and Telford hospital NHS trust since 2000. The cases involving stillbirths, neonatal deaths or baby brain damage, as well as a small number of maternal deaths, have been passed to an independent maternity review, led by the midwifery expert Donna Ockenden. They bring the total number of cases being examined to 1,862." - in "Hundreds more potentially avoidable baby deaths found at Shropshire NHS trust", Guardian, 21 July 2020.

Hospitals Blame Mothers When Childbirth Goes Wrong

*"The interim report lists numerous traumatic birth experiences including the **deaths of babies** due to excessive force of forceps and stillbirths **that could have been avoided. It found letters and records "which often focused on blaming the mothers**." After each death "in some cases, **no investigation was initiated**" whilst in others "**no learning appears to have been identified.**" - in "Shropshire **hospital "blamed" mothers for babies deaths**", BBC News, 10 December 2020.*

"Hospitals blame moms when childbirth goes wrong. Secret data suggest it's not that simple. A USA TODAY analysis of billing data from 7 Million births found about 1 in 8 hospitals have complication rates of at least double the norm." - in "USA TODAY, 7 March 2019.

Medical Journals Collude with Industry for Financial Gain

"**In this epidemic of misinformed doctors and misinformed patients, there are 7 sins put together by Gerd Gigerenzer from the Max Planck Institute in Berlin, and Muir Gray.**

They cite that we've got this biased funding of research issue, so researchers funded for profit - profit, not to benefit patients - the biased reporting in medical journals, biased patient pamphlets, biased reporting in the media, commercial conflicts of interest, defensive medicine, and also an inability of a medical curricula that actually do not teach. **Pharmaceutical Companies actually have a fiduciary obligation, as businesses to sell, to make a profit, and therefore sell their product.**

They are not required, although most of us would hope or believe this to be the case - they are not required actually to give you the best treatment.

But the real scandal is that regulators fail to prevent misconduct by industry and that doctors, institutions, and medical journals collude with industry for financial gain.

They are responsible for scientific integrity and for patients, duty to patients, but what they're doing is colluding with industry for financial gain.

Medical journals also have financial pressures to publish positive findings on drugs and medical devices, because their manufacturers buy reprints of those publications, which they can then go and market and use the marketing material in hospitals and give to doctors, which is used, you know, we believe as medical professionals all this time; "This is gospel truth. This is good science."

And in some cases they can pay hundreds of thousands of dollars to a medical journal just for one publication, which may well be false, and therefore the medical journal also takes money, and that keeps the medical journal running, etc. **Now, just to give you an example of how things can go very wrong.**

One researcher in Holland, a cardiologist, was found guilty of fabricating research on the use of beta-blocker drugs in non-cardiac surgery. And once this was exposed and all these so-called "articles", which took time to be retracted, he actually - his research influenced European Society Cardiology guidelines.

An independent analysis then calculated that because of his research misconduct, there was probably 800,000 excess deaths in Europe across 8 years.

Between 2009 and 2014, most of the top 10 Pharmaceutical companies paid fines close to $13 Billion for fraud.

No one got fired. No one lost their job.

GlaxoSmithKline, is one company that were found guilty of, they paid the largest amount, $3 Billion in that time period for **illegally marketing and hiding data on harms and for drugs.**

But again, there were no real meaningful sanctions imposed, and **they made $25 Billion in profit during the period covered by the settlement.**

So, what Peter Gøtzsche says is, you know, **if crime pays, you commit more crime.**" - Dr Aseem Malhotra, MD in "Evidence-Based Medicine Has Been Hijacked", 15 December 2019.

> ***"By July 2020 the UK government had signed a coronavirus vaccine deal for an undisclosed sum with GlaxoSmithKline, securing 60 million doses of an untested treatment that was still being developed. In September 2020, media outlets reported that the government's chief scientific adviser Patrick Vallance had £600000 worth of shares in the company."*** *- in "Conflicts of interest among the UK government's covid-19 advisers", BMJ, 9 December 2020.*

Is the Appendicitis Contagious?

"I notice with great interest Dr. Donald Hood's thesis in "The Lancet", on the 11 of June 1910, stating that in his opinion appendicitis is contagious.

Nature of Appendicitis

The nature of appendicitis appears to me to be due to one or more of the following causes:

a) The strenuous life with its sequelae, including most varieties of indigestion and bowel irregularity;

b) Predisposition acquired;

c) Disregard of the rules of dietetics and hygiene in persons predisposed to the disease;

d) Disregard of the early warning physical signs and symptoms cardinal to appendicitis." - Dr F. G lloyd, MD, in "The Lancet", 2 July 2010.

Mucous Colitis

"I have not infrequently heard it said by medical men and patients that everyone passes mucus, which is quite true, but mucus, when normally secreted, should be invisibly mixed with the faeces, but when it is seen in any quantity, except after some strong purgative, it is abnormal, and usually constitutes the condition of mucous colitis.

I embrace in the term "mucous colitis" that morbid condition of the mucous membrane of the colon in which the predominating feature is the passing of mucus in the stools, most frequently the result of catarrhal inflammation.

Inasmuch as the mucus is seen sometimes in viscid masses or ropy strings, and at other times quite membranous and occasionally as casts of the bowel, some have given the name of "membranous colitis" to the latter condition, but the membranous is merely an extension of the mucous form of colitis.

Any source of irritation may bring about colitis, and undoubtedly irritating articles of food assist considerably.

A localised or general catarrhal inflammation may be set up affecting the caecum or the whole colon and the appendix may become involved by extension of the inflammation.

At the present time I have several cases of mucous colitis under treatment which have been operated upon for appendicitis.

They all give a history of having suffered with constipation and of having passed mucus before the appendicular attack, and in all probability if the colitis had been successfully treated no appendicitis would have occurred.

Sir Frederick Treves, whose name will be always associated with the appendix, fully realised that colitis was the chief cause of failure to relieve symptoms when removal of the appendix was unsuccessful.

At the present time I have a lady operated upon by him 11 years ago for appendicitis who states that she had been

constipated and passing mucus ten years before the operation, and she has been suffering the same symptoms ever since.

In her case the appendix was diseased, but the colitis unrelieved.

Three attendants who give the intestinal douches at the Royal Baths have suffered with colitis.

That treatment by high irrigation is most successful there can be no doubt, and I would strongly suggest that this should be done at home if a visit to a health resort cannot be accomplished.

This, however, without every effort to overcome constipation afterwards will not avail for long, and the diet must be free of everything which may irritate the sensitive mucous membrane.

In conclusion, my impression is that if chronic constipation and its attendant colitis were better recognised and treated we should hear less of appendicitis, but I entirely agree in urging the question of pure food as a preventive measure." - Dr Alfred Mantle, MD, MRCP, Consulting Physician to the Royal Halifax Infirmary, in "The Lancet", 2 July 2010.

Origin of Disease

"At present the theory that disease originates from exogenous causes is universally received, and dissenting opinions are ignored - in fact, treated much as if they were not. Bigotry an d intolerance a re characteristic of a class of scientists who discover, announce their discoveries to their scientific congress, the membership of which is composed of men like themselves, and then vote the acceptance of their discoveries.

If there are opponents, they will be given to under stand that they are in the kindergarten.

I want to impress it on the memory of every reader that any conscientious, busy country physician is entitled to more respect, when it comes to telling what the cause of disease is, than a dozen of such scientists as Mr. Pasteur.

Drugs Mask Symptoms

The physician has kept himself bewildered by the use of drugs; disease being almost immediately masked by the drugs which he has given for their supposed remedial influence.

Masking symptoms with drugs has put such a handicap on the profession that its opinions have become a joke, and so little has the best physician known about cause that he really could have no opinion; hence, the scientist has undertaken to put in a foundation of fact by assuming that germs cause disease, and the doctor has not been in position to do more than accept; for, if he did not believe it, he was not in position to dispute it.

This is why the scientist is so arbitrary and conceited about his relationship to the profession.

How many physicians have watched a case of syphilis from its beginning to its end without giving a dose of drugs? Not one!

Then what are their opinions worth?

The first day a drug is given in any disease, that day the disease is masked - it ceases to be a natural disease - and no physician is wise enough to tell what symptoms are from drugs, what from food, and what symptoms belong to disease proper. As absurd as this statement makes the situation, the best physicians in the world demand that their opinions be taken on a subject that is masked, and as obscure as the incoherent mutterings of delirium.

The present medical opinion of venereal diseases is an infinitely greater curse to the world than will be all the diseases of mankind when they are understood and treated properly.

In the first place, stop the expenditure of nerve energy; secure rest; feed the proper foods, in proper quantities and in proper combinations, which gives necessary physiological rest; give the body proper care in bathing, rubbing and clothing, and then poise the mind.

The whole of therapeutics is contained in that short outline.

The worst forms of syphilitic skin diseases are a compound of ignorance, bedrooms without ventilation, dirty beds, filthy underwear, no bathing, and harsh eating, mixed with physical degeneration from sexual debauchery.

Dirty beds, overindulgence in meat, starches, coffee, tobacco and alcoholics, with neglect of body-bathing, can generate a disease that will equal the worst pictures of syphilis or bubonic plague. The cure, of course, means education and regeneration.

The treatment for any form of so-called syphilis is to secure rest for the nervous system; fast when in pain or discomfort; stop all stimulants; give the simplest foods - and have the foods properly combined: fruit for the first meal; milk, or vegetable soup, for the second; meat and salads for the third.

Where I look for the correcting of errors of life to cure my patients, physicians generally expect to correct all ill feelings by, in some mysterious way, neutralizing an obscure poison in the blood by drugs." - Dr J. H. Tilden, MD in "Gonorrhea and Syphilis", 1912.

The Medical Trade Nescience in the Diagnosis of Mental "Disease"

In 1973, David Rosenhan, psychologist, professor at Stanford University, published his research; "On Being Sane in Insane Places", Journal Science, 1973, which became known as the "Rosenhan Experiment."

It is an important and influential criticism of psychiatric diagnosis, and broached the topic of wrongful involuntary commitment.

He conducted an experiment that questions the credibility of the diagnoses that patients received in psychiatric facilities, and showed the danger of stigmatizing people with mental disorders.

How can psychiatry distinguish from mental patients and normal persons?

He convinced 8 friends, including Rosenhan himself, to go to Psychiatric Hospitals both public and private, and be admitted as patients.

They should all say the same to the Medical Trade Doctors, that they hear a voice, that said 3 words.

Asked what the voices said, they replied: "empty," "hollow," and "thud."

Beyond alleging the symptoms and falsifying name, vocation, and employment, no further alterations of person, history, or circumstances were made.

Immediately upon admission to the psychiatric ward, the pseudo-patient ceased simulating any symptoms of abnormality. In some cases, there was a brief period of mild nervousness and anxiety, since none of the pseudo-patients really believed that they would be admitted so easily.

Indeed, their shared fear was that they would be immediately exposed as frauds and greatly embarrassed.

After, they should only state true facts about their normal lives, and act normal.

All were admitted and diagnosed with psychiatric disorders.

The pseudo-patient, very much as a true psychiatric patient, entered a hospital with no foreknowledge of when he would be discharged.

Each was told that he would have to get out by his own devices, essentially by convincing the staff that he was sane.

After admission, they acted normally and told staff that they no longer experienced any additional hallucinations.

As a condition of their release, all the patients were forced to admit to having a mental illness and had to agree to take antipsychotic medication. The average time that the patients spent in the hospital was 19 days.

All but one were diagnosed with schizophrenia "in remission" before their release.

Many in the Medical Trade consider "mental diseases" irreversible and can only be treated by Pharmaceutical Medication, and it is a stigma to be had for life.

During the experiment no Medical Trade Doctor, doubted their diagnostic.

But the new sane admitted patients did questioned their judgement of diagnostic, 38 of the 118 real patients, suspected the the new admitted patients where either investigators of undercover journalists.

> *"I told friends, I told my family: "I can get out when I can get out. That's all. I'll be there for a couple of days and I'll get out." Nobody knew I'd be there for two months. The only way out was to point out that they're [the psychiatrists are] correct." - Rosenhan, to the BBC.*

> *"If I were to drink **a quart of blood** and, concealing what I had done, come to the emergency room of any hospital **vomiting blood**, the behaviour of the staff would be quite predictable.*

> *If they labelled and treated me as having a bleeding peptic ulcer, I doubt that I could argue convincingly that medical science does not know how to diagnose that condition." - Robert Spitzer, psychiatrist principal author or the classification of mental conditions, quoted Seymour S. Kety in 1975.*

One specialists indignated from one another hospitals, affirmed that they would have never confused a sane person with an insane one, and they claimed that similar errors could not be made at their institution.

They proposed Rosenhan, to repeat the experiment. And to send to their Hospital more pseudo-patients. Rosenhan accepted the challenge.

Rosenhan arranged with them that during a 3 month period, one or more pseudo-patients would attempt to gain admission and the staff would rate every incoming patient as to the likelihood they were an impostor.

Out of 193 patients, 41 were considered to be impostors and a further 42 were considered suspect.

In reality, Rosenhan had sent no one, no pseudo-patients. All patients suspected as impostors by the Hospital were ordinary patients.

This led to inevitable conclusion that:

"Any diagnostic process that lends itself too readily to massive errors of this sort, cannot be a very reliable one." - David Rosenhan

"Whether psychosomatic medicine is here to stay, as a speciality or a sub-speciality, is doubtful. Born out of historical necessity , it remains overburdened with new problems that medicine seems to be unable to solve and that psychiatry is as yet merely able to give names to . Its future is not yet clear." - in "Journal of Clinical and Experimental Psychopathology & Quarterly Review of Psychiatry and Neurology,1960.

Gender Dysphoria

"With unknown etiology and questionable definition (mental/medical illness, social construct, and variation of sex) who can decide, with 100% certainty, what treatment is in the best interest of a particular patient?" *- Dr Miroslav L. Djordjevic, MD, et al., in "Gender Dysphoria: Bioethical Aspects of Medical Treatment", BioMed Research International, 2018.*

"There is an existing controversy about how diagnostic texts address medical interventions related to gender transition. In the ***5th edition of the Diagnostic and Statistical Manual of Mental Disorders: DSM-5****, the American Psychiatric Association (APA) has changed the diagnosis of Gender Identity Disorder (GID) to Gender Dysphoria (GD). In this critical narrative review we ask: What is gender dysphoria?* ***We report on some of the inconsistencies in the articles that foreground distress, while***

> ***obfuscating the fact that not all trans and intersex people suffer stress or impaired functioning, and the inappropriate referencing to intersex people in the diagnostic criterion**, claims about the GD diagnosis contributing to the depathologization of and reducing stigma surrounding trans people, the conceptualizations of "gender dysphoric" research subjects, **and finally we question the etiological approaches using GD as a conceptual framework. We further suggest that there are a number of methodological issues that need to be resolved to be able to claim that the GD diagnosis can be validated."** - Zowie Davy, PhD, Michael Toze, PhD, in "What Is Gender Dysphoria? A Critical Systematic Narrative Review", Transgend Health, 2018.*

"- **Senator Rand Paul:** Genital Mutilation has been nearly universally condemned.

According to the World Health Organization (WHO) **genital mutilation is recognized internationally as a violation of human rights.**

Genital Mutilation is considered particularly egregious, because as the WHO notes, **it is nearly always carried out on minors and is a violation of the rights of children most genital mutilation,** is not typically performed by force, but as WHO notes, that by social convention, social norm the social pressure to conform, to do what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community.

American culture, is now normalizing the idea that minors can be given hormones to prevent their biological development of their secondary sexual characteristics.

Dr Rachel Levine, MD **you have supported both allowing minors to be given hormone blockers, to prevent them from going through puberty as well as surgical destruction of a minor's genitalia.**

Like surgical mutilation, hormonal interruption of puberty can permanently alter and prevent secondary

sexual characteristics.

The American College of Paediatricians, reports that **80% to 95% of pre-pubertal children with gender dysphoria, will experience resolution by late adolescents if not exposed to medical intervention and social affirmation.**

Dr Levine do you believe that minors are capable of making such a life-changing decision as changing one's sex?

- Dr Levine: Senator, thank you for your interest in this question Transgender Medicine, is a very complex and nuanced field with robust research and standards of care that have been developed and if I am fortunate enough to be confirmed as the Assistant Secretary of Health, I will look forward to working with you and your office and coming to your office and discussing the particulars of the standards of care for Transgender Medicine.

- Senator Rand Paul: The specific question was about minors. Let's be more specific since you evaded the question.

Do you support the government intervening to override the parents consent to give a child puberty blockers cross-sex hormones and or amputation surgery of breasts and genitalia?

You have said that you're willing to accelerate the protocols for street kids.

I am alarmed that poor kids with no parents who are homeless and distraught you would just go through this and allow that to happen to a minor.

I would hope, that you would have compassion for Kyra Bell, a 23 year old girl, who was confused with her identity.

At the age of 14, she read on the internet about something about transsexuals.

She thought; “well maybe that's what I am.”

She ended up getting these puberty blockers cross-sex hormones, and she had her breasts amputated.

But here's what ultimately she says now, and this is a very insightful decision from someone who made a mistake, and was led to believe this was a good thing, by the Medical Community.

> ***"I made a brash decision as a teenager, as a lot of teenagers do, trying to find confidence and happiness, except now, the rest of my life will be negatively affected, adding that the medicalized gender transitioning was a very temporary superficial fix for a very complex identity issue."*** *- Kyra Bell*

What I am alarmed at, is that you're not willing to say absolutely minors shouldn't be making decisions to amputate their breast, or to amputate their genitalia.

For most of our history we believe that minors don't have full rights and the parents need to be involved.

So, I am alarmed that you won't say with certainty that minors should not have the ability to make the decision to take hormones that will affect them for the rest of their life. Will you make a more firm decision, on whether or not minors should be involved in these decisions?

- Dr Levine: Senator, Transgender Medicine is a very complex and nuanced field, and if confirmed to the position of assistant secretary of health I would certainly be pleased to come to your office and talk with you and your staff about the standards of care and the complexity of this field.

- Senator Rand Paul: Let it go into the record that the witness refused to answer the question.

The question is a very specific one; **Should minors be making these momentous decisions?**

For most of the history of medicine, we wouldn't let you have a cut sewn up in the Emergency Room, **but you're willing to let a minor take things that prevent their puberty, and you think they get that back?**

You give a woman testosterone, enough that she grows a beard, you think she's going to go back looking like a woman when you stop the testosterone?

You have permanently changed them, infertility is another problem, none of these drugs have been approved for this, they're all being used off label.

I find it ironic that the left are not alarmed that these

hormones are being used off label, there's no long-term studies, we don't know what happens to them, we do know that there are dozens, and dozens of people been through this who regret this happening, and a permanent change happened to them.

And you know if you've ever been around children, 14 year old's can't make this decision.

In the Gender Dysphoria Clinic in England 10% of the kids are between the ages of 3 and 10, we should be outraged that someone's talking to a 3 year old about changing their sex." - in "Rand Paul questions Dr. Rachel Levine (President Biden's assistant secretary of health nominee) on puberty blockers for minors with gender dysphoria", Senate hearing, 25 February 2021.

Cyclic Antidepressants

"Cyclic Antidepressants (CAs) remain widely prescribed for the treatment of Depression. As a result, patients with Cyclic Antidepressants overdose continue to be encountered commonly in emergency departments nationwide.

Cyclic Antidepressants are responsible for a disproportionate share of MICU admissions and mortality.

CA overdose accounted for less than 1% of toxic exposures reported to the American Association of Regional Poison Control Centers in 1989, **they accounted for 22% of the reported deaths.**

Cardiovascular toxicity, including conduction delays, tachyarrhythmias and bradyarrhythmias, myocardial depression, and vasodilation, as well as Central Nervous System toxicity (including Coma, and Seizures), each contributes to morbidity and mortality." - Dr Jerome R. Hoffman, MD, Dr Scott R. Votey, MD, Dr Marc Bayer, MD, Dr Larry Silver, MD in "Effect of Hypertonic Sodium Bicarbonate in the Treatment of Moderate-to-Severe Cyclic Antidepressant Overdose", American Journal of Emergency Medicine, 4 July 1993.

Cyclic Antidepressants Approved to Treat Depression

"The Food and Drug Administration (FDA) approved these tricyclic antidepressants to treat depression:

1. Amitriptyline
2. Amoxapine
3. Desipramine (Norpramin)
4. Doxepin
5. Imipramine (Tofranil)
6. Nortriptyline (Pamelor)
7. Protriptyline
8. Trimipramine

The FDA approved the tetracycline antidepressant maprotiline to treat depression.

Sometimes cyclic antidepressants are used to treat conditions other than depression, such as obsessive-compulsive disorder, anxiety disorders or nerve-related (neuropathic) pain." - in "Tricyclic antidepressants and tetracyclic antidepressants", Mayo Clinic, 8 October 2019.

The Everyday Effects of the Mind on the Body

"Those unsatisfactory cases referred to the do main of neurology and psychiatry by the physician and surgeon constitute a very formidable array of facts we meet and should solve.

Admitting our inability to benefit these cases is against the spirit of progress in the medical profession.

Our failures are, I believe, more chargeable to the profession than to the patients.

This statement is no injustice to our profession, that has studied the body as a physical organism, in the battle against chemical and parasitic disease.

Indeed, so interesting, instructive and progressive have these material investigations proved that many simple physiologic facts, clearly within the realm of the mental, are quite forgotten in our therapeutics.

The revelations of bacteriology and microscopy have so engrossed our attention that the action of mind on body and body on mind is almost a lost factor in our art.

The everyday effects of the mind on the body in the processes of digestion and assimilation, secretion and excretion, are so obvious they are over-looked in our search for rare and striking effects of mind on body.

We see the physical organism out of balance and proceed to treat our patients as machines to be repaired by physical and chemical remedies alone.

I believe it is a fact that the success at tending any physician's practice is due in greater measure to the mental impress he stamps upon his patients than to the drugs he gives. Or stating it differently the confidence he elicits by the patient's faith in his ability to effect a cure will go farther toward relieving the ailment than would the physical and chemical treatment with out confidence in the doctor.

Witness the testimonials of patients who frankly tell you your medicines always benefit them, when the same drugs given by another doctor are not only futile but often aggravate the ailment.

Calling this imagination with the injunction that the patient take an introspective view of self and adjust his mental organism is admitting the mental factor while shifting our responsibility for treatment to him.

The framework called the body organized with bone, muscle, and nerve cells is but a mass of degenerating tissue when out of touch with mind, the constituents of which are:

1. Perception.
2. Intellect.
3. Will.
4. Emotion.

We know the mental factor is dynamic in producing disease. We know, too, the same force operates favourably in producing health. The blue pill and Epsom salts are noble, obvious, palpable, physical and chemical remedies.

Force and boldness are intangible remedies applicable and operative in the mental realm. Experience teaches that the laws governing the bodily functions originate in the realm of the mental.

With this fact existing, **we may only rise to the possibilities of our profession when we cultivate an acquaintance in the domain of mind, commensurate with our understanding of the physical body.**" - Dr J. M. Aikin, MD, in "Mental Therapeutics in Medicine", Medical News, 1903.

Metabolism in Insanity

"**The toxicity in manic-depressive insanity and in other functional states appears to be due to a quantitative change rather than a qualitative change in substances normally present. In all instances, however, the symptoms are due to toxic agents, for substances in excess or abnormally deficient have all the value of poisons.**

The investigator should approach the problem of the pathology of insanity, **by include in his studies the actions of the ferments, toxins or hormones on the Sympathetic and Autonomic Nervous System; and, under these circumstances and under given conditions, the reactions of the Glands of Internal Secretions.**

Finally, he may venture to study the brain tissue itself; **but the pathology of insanity is not a gross pathology**. When gross changes are present, they are - with few exceptions - probably and properly to be regarded as late or terminal." - Dr Francis Dercum, MD in "JAMA", 15 April 1913.

"Modern Medicine has Reached its Pinnacle of Success. Almost Everyone is Sick!" - Dr Aseem Malhotra, MD, British Cardiologist, 30 August 2020.

Circulatory Disease
Its Prevalence in New England, Massachusetts and Boston

"From all of the deaths which have occurred during that time, a table has been prepared giving us a standard from which to work, and on the chart presented herewith will be found the general subdivisions which are used in classification, showing the percentage of deaths from such causes as have been responsible for at least ½ of 1% of the total number.

By reference to this chart it will appear that 5 conditions have been responsible for 54% of our deaths.

1. Heart disease	13.25%
2. Arteriosclerosis	11.25%
3. Pulmonary tuberculosis	10.33%
4. Pneumonia	10.00%
5. Nephritis	9.25%

Of these, Arteriosclerosis, Heart disease and Nephritis can be clearly classified as "circulatory".

If it is fair to assume that at least one half of all of the Pneumonias really died from the failure of a circulatory apparatus already impaired, we show a death-rate of nearly 40% from circulatory disease." - Dr Edwin Welles Dwight, MD in "Boston Medical and Surgical Journal", 26 October 1911.

Blood Letting

*"**Blood letting is liable to cause anaemia if persisted in or repeated; red blood corpuscles must not be wasted.** Medicinal treatment alone is delusive, and, when relied upon exclusively, is fraught with danger." - in "The British Medical Journal", 4 December 1897.*

The Pharmaceutical Industry Is Causing More Deaths Than The Drug Cartels

"The **Diagnostic and Statistical Manual of Mental Disorders,** DSM-IV was started to be used, according to Dr Allen Frances, incorrectly to burst the bubble of diagnostic inflation and medication.

Today, especially in the US, the figures are worrying: 20% of people take a psychiatric drug on a daily basis, and a quarter of the population has a diagnosis of mental illness.

> *"I was horrified by the naive enthusiasm of the people who worked on* ***Diagnostic and Statistical Manual of Mental Disorders, DSM-5, if successful 81% of the population aged 11 to 21 could be diagnosed with a mental illness.***
> ***The Pharmaceutical Industry is causing more deaths than the drug cartels.***
> ***This colossal industry is brainwashing everyone into taking pills****, even if they don't need them. Pharmaceuticals are not interested in developing antibiotics, that people will only take 2 or 3 days, but* ***they will do everything possible to sell medicines to children, because they will be consumers for life . Medicines that, on many occasions, cause more problems than they solve. People have to start realizing that these people are not our friends."*** *- Dr. Allen Frances, MD, chaired the task force that produced the fourth revision of Diagnostic and Statistical Manual of Mental Disorders, DSM-IV, in "El Confidencial", 9 September 2014.*

The Fentanyl Epidemic

"The Drug Fentanyl was created almost 60 years ago as a Painkiller. It's 50 times stronger than Heroin, it's also highly addictive, ***which has now transformed it from Painkiller to Plain Killer".*** *- in "Inside the Fentanyl Epidemic, the fatal Fentanyl epidemic destroying millions of lives", 60 Minutes Australia, 18 February 2021.*

My Drug Dealer Was A Doctor

"What's the drug? Effexor (Venlafaxine, antidepressant drug of the serotonin-norepinephrine reuptake inhibitor (SNRI) class).

It will bring you to your knees. Literally.

All from a drug that our government says is safe.

No one told me shit about the fact that withdrawing or "tapering" - as the medical community likes to call it - would be equal to getting off heroin or detoxing from alcohol.

Over Medicated Epidemic

Medications are being prescribed at an unbelievable rate for Attention deficit hyperactivity disorder (ADHD), depression, anxiety and chronic pain, 70% of America is on medication.

Pharmaceutical companies are replacing spirituality.

We are looking for the love of God in an orange bottle with a white top." - Michael E Lee, in "My Drug Dealer Was A Doctor", 13 July 2017.

70% America is on Medication

"Nearly 70% of Americans are on at least 1 prescription drug, and more than 50% take 2.

Antibiotics, Antidepressants, Painkilling Opioids are most commonly prescribed.

20% of patients are on 5 or more prescription medications.

17% of those studied were prescribed Antibiotics, 13% were taking Antidepressants, 13% were on Opioids.

Drugs to lower lipids 11%, and Vaccines 11%.

Prescription drug use has increased steadily in the U.S. for the past decade. The percentage of people who took at least 1 prescription drug in the past month increased from 44% in 1999-2000 to 48% in 2007-08.

Spending on prescription drugs reached $250 Billion in 2009 the year studied." - in "Nearly 7 in 10 Americans Take Prescription Drugs, Mayo Clinic, Olmsted Medical Center Find", Mayo News Releases, 19 June 2013.

The Lack of Moral Compass The WHO Model List of Essential Medicines

"The WHO Model List of Essential Medicines, published by the World Health Organization (WHO), contains the medications considered to be most effective and safe to meet the most important needs in a health system.

The list is frequently used by countries to help develop their own local lists of essential medicine.

As of 2016, more than 155 countries have created national lists of essential medicines based on the World Health Organization's model list.

This includes countries in both the developed and developing world.

Thalidomide

Thalidomide, sold under the brand names Contergan, Thalomid, Talidex, Talizer, Neurosedyn, Distaval and many others.

In the late 1950s and early 1960s, more than 10,000 children in 46 countries were born with deformities, such as phocomelia, as a consequence of thalidomide use.

The severity and location of the deformities depended on how many days into the pregnancy the mother was before beginning treatment; thalidomide taken on the 20th day of pregnancy caused central brain damage, day 21 would damage the eyes, day 22 the ears and face, day 24 the arms, and leg damage would occur if taken up to day 28. It is not known exactly how many worldwide victims of the drug there have been, although estimates range from 10,000 to 20,000.

Despite the side effects, thalidomide is on the World Health Organization's List of Essential Medicines." - in "Thalidomide", Wikipedia, 2021.

Statins

"**There is still controversy about the true rate of Side Effects from Statins, because independent researchers have been unable to access the raw data from statin trials.**

The largest statin survey in the United States, last updated in 2014, found 75% of those prescribed the medication stop it within a year of prescription with 62% of those stating side effects as the reason.

Even as far back as 2002, a paper in JAMA of more than 40,000 patients found 60% of heart attack patients aged over 65 will stop the drug within 2 years." - Dr Aseem Malhotra, MD, Cardiologist, in "We need a Parliamentary inquiry to push for the raw data on statins and their effects", iNews, 2 September 2019.

"I am here today to talk about Statin Wars, a paper published in the British Journal of Sports Medicine, January 2018, it's called **"Statin Wars, Have we been misled by the evidence?**

So, a bit of background on Statins they're the most widely prescribed cholesterol-lowering drug on the planet.

They are an incredibly lucrative drug class with Pfizer's Lipitor being the most profitable drug in the history of medicine since their introduction their 20 year patents have expired, but despite the expiration of these patents the total **sales is expected to reach $1 Trillion US Dollars by 2020.**

So, there's no doubt that the statin empire is big business. There's been an exponential rise in the prescribing of statins.

In the early days we were only prescribing statins to people at high risk of heart disease, so, these are people who have already had a heart attack, or stroke with diagnosed disease.

Then an influential group began recommending, or promoting that statins be prescribed to everybody over the age of 50, even if you had normal cholesterol level.

A few years ago, **we had some Paediatrician saying that we should start screening kids for high cholesterol. And Pfizer ended up marketing some grape flavoured statins to children and adolescents as potential recipients of these medications."** - Dr Maryanne Demasi, PhD, Rheumatology, in "Statin Wars, Have we been misled by the evidence?", 5 May 2018.

> ***"If enough men from medical ranks could be interested it might be the means of starting something among them that would actually break through their moss-covered "standpatness" and be the means of doing their patients a world of good. If they only knew that the various diseases arise from a basic toxemia, and if they directed all their efforts to de-toxication, what a world of good they could do!"*** *- in "A Physician's Opinion", The Dental Summary, 1924.*

Causing More Harm Than Good

"William Alexander Hammond was the eleventh Surgeon General of the United States Army (1862–1864).

He was the first American physician to devote himself entirely to neurology, the author of the first American treatise about neurology. As Surgeon General, he launched a number of reforms, the number of hospitals was greatly increased and **he paid close attention to ventilation.**

On 4 May 1863 Hammond banned the mercury compound calomel from army supplies, as he believed it to be neither safe nor effective.

He thought it dangerous to make an already debilitated patient vomit.

A "Calomel Rebellion" ensued, as many of his colleagues had no alternative treatments and resented the move as an infringement on their liberty of practice.

Removal from Office

On 3 September 1863 he was sent on a protracted "inspection tour" to the South, which effectively removed him from office.

Calomel continued to be used well into the early 20th century. Calomel was the main of the 3 components of the pill number 9 of the British Army during the First World War.

> *"And when the shells are flying round, He knows what he's about. But he's got a good old stand-by, When it's quiet in the line,He would sure be lost entirely." - in "Without good old Number Nine", Now and Then, 22 December 1916.*

> *"Not all soldiers were amused with the medical officer's reliance on the No.9, Private H. H. Burrell, remarked with disgust when he contracted an illness in the summer of 1917: **"Called on our medical Sergeant to get something for my cough.***

He gave me a pill!" *- Herbert Heckford Burrell, Diary, 2 August 1917. Another Canadian wrote incredulously:* ***"No matter what is wrong with you he give you the same pills."*** *- James Fargey, letter to mother, 5 December 1915. The No. 9 pill, penned a disgusted Canadian infantryman, was:* ***"A panacea for all ailments."*** *- George Bell, Back to Blighty, Typescript manuscript, National Archives of Canada , MG 30 , E 113." - in "Glimpsing Modernity: Military Medicine in World War I", 2016.*

Calomel was often administered as a treatment for dysentery; the effects of calomel would often worsen the severe diarrhea associated with dysentery and acted as a catalyst in speeding up the effects of dehydration.

It was used by Charles Darwin to treat the severe gastrointestinal infection that presumably began the inductive phase of his documented Crohn's disease.

Eventually, it was determined that calomel was causing more harm than good, as the side effects were often worse than the illness it was being used to treat.

Eventually calomel's popularity began to wane, and scientists discovered that the mercury in the compound was **poisoning patients.**" - in "Wikipedia", 21 March 2021.

Pharmaceutical Company Servier Guilty of Manslaughter and Aggravated Deceit over Diabetes Medication

"The drug Tomaron Mediator was on the market for 33 years and used by about 5 Million people before being pulled in 2009 over fears it could cause serious heart problems, more than a decade after such concerns had first been raised. Servier is charged with manslaughter, causing unintentional injury, aggravated deceit and fraud." - in "Mediator trial: French pharma giant faces verdict on weight loss drug deaths", France 24, 29 March 2021.

"The fine of 2.7 Million Euros imposed on Servier is very low considering that the ***Pharmaceutical Company has a turnover of 10 Million Euros a day, according to the lawyer's calculations, Servier earned 400 Million Euros in the 14 years in which commercialized being already aware of the risks that the medication entailed."*** *- in "Convictions in France for a drug that caused hundreds of deaths", La Vanguardia, 30 March 2021.*

Chapter 3

Pharmaceutical Medical Drugs

"Constipation has always proved a problem in medicine. It is an accepted fact that drugs do not effect its cure and that at best they are but emergency measures in its relief." - Dr L. Drosin, MD, in "American Medicine", October 1922.

"Medicaments which we desire to apply are obnoxious and cause gastro-intestinal disturbances and are also altered chemically in their passage through the gastrointestinal tract." - Dr Lynn J. Walker, MD in "Int. Journal Medicine and Surgery", June 1931.

"You don't double down on a poison to obtain a cure." - Rui Alexandre Gabirro, Emunctologist

Pain Relieving Ingredient is the Nation's Leading Cause of Sudden Liver Failure

"Acute liver failure occurs when liver cells are damaged significantly and are no longer able to function. Potential causes include: Acetaminophen overdose.

Taking too much Acetaminophen (Tylenol, Paracetamol, Midol, Contac, Sinutab, Coricidin, Benylin, others) is the most common cause of acute liver failure in the United States." - in "Acute liver failure", Mayo Clinic, 21 October 2020.

"Doctors and pharmacists may recommend acetaminophen to treat minor aches and pains, such as those from the common cold, bacterial infections, headache, toothache, strains and sprains and menstrual cramps. ***"It is the most common cause of liver injury. Period. Full stop."*** *- Dr Michael Rieder, MD, Western University, Ontario, Canada, "Why acetaminophen is the "most common cause of liver injury" in Canada", CBC News, 16 September 2016.*

Aspirin, Tylenol and Ibuprofen Increase Hearing Loss

"Aspirin, Ibuprofen, and Acetaminophen (Tylenol) are all associated with an increased risk of hearing loss in men.

When the study began, 69% of the women reported using NSAIDs (a category which includes ibuprofen), 62% used acetaminophen, and 30% used aspirin.

The analysis indicated that the combined use of **all three analgesics increased the women's risk of hearing loss by 34%."** - Lindsay Abrams, in "Study: Tylenol and Ibuprofen May Cause Hearing Loss in Women", 13 September 2012.

NSAIDs $3 Billion Dollar Industry

"The Wall Street Journal, reports that selective COX-2 NSAID prescriptions now approach $3 Billion a year in the United States alone, ***despite warnings of continuing toxicities***. ***Ulcer bleeds continue to be reported by the FDA despite dominant use of selective COX-2 agents****, and a major cohort study in an elderly population of 1.3 million in Ontario, Canada, found a* ***10% increase in the hospitalization rate for Gastro Intestinal bleeds*** *compared to a period prior to exploding COX-2 NSAID use." - Dr Sanford H. Roth, MD, in "Nonsteroidal Anti-inflammatory*

Drug Gastropathy: We Started It, Why Don't We Stop It?, The Journal of Rheumatology, July 2005.

NSAIDs Non-Steroidal Anti-Inflammatory Drugs

"NSAIDs - Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain.

The main types of NSAIDs include:

1. Ibuprofen.
2. Naproxen.
3. Diclofenac.
4. Celecoxib.
5. Mefenamic acid.
6. Etoricoxib.
7. Indomethacin.
8. High-dose Aspirin.

- in "NSAIDs", NHS, 27 February 2019.

The NSAID Silent Epidemic

"**The mortality rate among patients who are hospitalized for NSAID-induced upper gastrointestinal bleeding is about 5% to 10%.**

The annual number of hospitalizations in the United States for serious gastrointestinal complications is estimated to be at least 103,000.

At an estimated cost of $15,000 to $20,000 per hospitalization, the annual direct **costs of such complications exceed $2 Billion.**

It has been estimated conservatively that **16,500 NSAID-related deaths occur** among patients with rheumatoid arthritis or osteoarthritis **every year in the United States.**

This figure is similar to the number of deaths from the acquired immunodeficiency syndrome and considerably greater than the number of deaths from multiple myeloma, asthma, cervical cancer, or Hodgkin's disease.

If d**eaths from gastrointestinal toxic effects of NSAIDs** were tabulated separately in the National Vital Statistics reports, these effects would constitute the **15th most common cause of death in the United States. Yet these toxic effects remain largely a "Silent Epidemic.**

Nearly 75% of those who used NSAIDs regularly were either unaware of or unconcerned about possible gastrointestinal complications." - Dr M. Michael Wolfe, MD, Dr David R. Lichtenstein, MD, Dr Gurkirpal Singh, MD in "Gastrointestinal Toxicity of Nonsteroidal Antiinflammatory Drugs", 17 June 1999.

NSAID - Associated Dyspepsia Occurs in up to 50% of users

"**NSAID - Associated Dyspepsia occurs in up to 50% of users.**

Almost all patients who take the long-term non-selective (inhibits both COX 1/COX 2) **NSAIDs will demonstrate Subepithelial Gastric Hemorrhage, and 8% to 20% more will have Ulceration.**

In addition, 3% of patients develop serious Gastrointestinal Side Effects, which results in more than 100,000 Hospitalizations, an estimated 16,500 Deaths, and an annual cost to treat the complications that exceeds $1.5 Billion Dollars Annually.

NSAIDs are the most common cause of drug-related morbidity and mortality reported to the FDA and other regulatory agencies around the world.

Roth in "**Nonsteroidal Anti-inflammatory Drug Gastropathy: We Started It, Why Don't We Stop It?**", Journal of Rheumatol., 2005, compared the chronic systemic use of NSAIDs to "carpet-bombing", with attendant collateral end-stage damage to human organs." - Dr J. C.

Maroon, MD, Dr J. W. Bost, PAC, in "Omega-3 fatty acids (fish oil) as an anti-inflammatory: an alternative to nonsteroidal anti-inflammatory drugs for discogenic pain", Surgical Neurology, 2006.

> *"As a clinical psychologist, I referred depressed psychotherapy clients to psychiatric colleagues for the prescription of medication, believing that it might help. Sometimes the antidepressant seemed to work; sometimes it did not. According to drug companies, more than 80% of depressed patients can be treated successfully by antidepressants.* ***Claims like this made these medications one of the most widely prescribed class of prescription drugs in the world, with global sales that make it a US $19 Billion a year industry.*** *Newspaper and magazine articles heralded antidepressants as miracle drugs that had changed the lives of millions of people.* ***Depression, we were told, is an illness, a disease of the brain; that can be cured by medication.****" - Prof. Irving Kirsch, PhD, in "The Emperor's New Drugs", 2009.*

The True Crisis in Pharmaceutical Research

"This is the real innovation crisis: pharmaceutical research and development turns out mostly minor variations on existing drugs, and most new drugs are not superior on clinical measures.

A steady stream of new drugs have also produced an epidemic of serious adverse reactions that have added to national healthcare costs.

85-90% of new products over the past 50 years have provided few benefits and considerable harms.

The pharmaceutical industry devotes most research funds to developing scores of minor variations that produce a steady stream of profits.

Heavy promotion of these drugs contributes to overuse and accounts for as much as 80% of a nation's increase in drug expenditure.

Overinflated estimates of the average cost of research and development are used to lobby for more protection from free market competition. - in "Raising the bar for market authorisation of new drugs", BMJ, 11 August 2012.

> *"We have this innovation crisis in drugs as well. So 667 new drugs approved by the FDA between 2000-2008. Only 11% were actually truly innovative. Most were basically copies of old ones. Drug companies changed a few molecules around, say, then marketed these drugs. By the time someone's worked out the new drug is no better than the old one, they've made their money, they're off patent, they go — the cycle continues." - Dr Aseem Malhotra, MD in "Evidence-Based Medicine Has Been Hijacked", 15 December 2019.*

A Collective System Problem

"**Doctors are misinformed, patients are misled and millions of people are taking medication with no benefit for them.** More than 1 Billion prescriptions are dished out in the UK each year, which is 2.7 Million per day or 1,900 every minute, an increase of nearly 2/3 in just a decade.

And the increasingly widespread use of prescription medication can have some serious consequences. There is a worrying trend in the over-prescription of drugs for all sorts of ailments, leading to ever increasing costs of side effects.

Due to misinformation at all levels in the system, from how research into drugs is funded, to how it is reported in academic journals, to how their pros and cons are presented to patients. "A collective system problem". Firstly, there is bias in the funding of drugs research. A great deal of funding comes from pharmaceutical companies who stand to gain a profit from the industry. The way they make the most profit is to create drugs that can be used by the largest number of people **for the longest amount of time**, which clearly means that they aren't necessarily funding research that is the most beneficial to patients. There is a publishing bias whereby only the "success stories" even see the light of day, but even within these supposed "success stories" there can be misleading information. The reporting of risk can mislead a reader, which is seen in The Lancet, BMJ and JAMA. Between 2006 and 2009, around 1/3 articles published in this journals had mismatched framing, which means that they report the benefits of a drug in relative risk (large numbers), whereas they report harms in absolute risk (small numbers). For example, take a drug that reduces your risk of getting heart disease from 10 in 1000 to 5 in a 1000 – it would be reported in relative risk as a 50% reduction.

However, the drug also increases your chance of getting intense muscle pain from 5 in 1000 to 10 in 1000, but this side effect would be reported in absolute risk, as an increase of 5 in 1000, so 0.5% increase.- Dr Aseem Malhotra, MD, Cardiologist, in "The Over-Medicated Population", Volteface, 30 September 2020.

Antipsychotic Treatment Have Schizophrenia Get Parkinsonism

"Tolerability problems, especially Acute Extrapyramidal Symptoms (EPS) (**Dystonia, Akathisia and Parkinsonism**) are common with these so-called conventional agents.

Acute EPS has proved to be one of the most problematic side effects caused by these.

Acute Extrapyramidal Symptoms EPS refers to:

1. Parkinsonism
2. Dystonia
3. Akathisia

Which develop soon after the initiation of Antipsychotic Treatment.

Drug-induced Parkinsonism resembles idiopathic Parkinson's disease in many ways, manifesting itself as rigidity, tremor, postural abnormalities and bradykinesia.

Although motor symptoms are the most prominent feature of Parkinsonism the mental effects, bradyphrenia (slow thinking) and cognitive impairment (mental clouding), are equally important as they impair patients ability to undertake the activities of daily living.

The most prominent feature of drug-induced Parkinsonism is rigidity of limbs, which are resistive to passive movement (cogwheel rigidity).

Bradykinesia (or akinesia) is characterized by a reduction in spontaneous facial movement.

This presents itself as decreased facial expression, a flat monotone voice, decreased arm swing during walking, and an inability to initiate movement. Acute dystonic reactions are abnormal postures produced by sustained contorting and twisting muscle spasms. The muscles of the neck and head are most frequently affected.

Symptoms Include:

1. Sustained contraction of the masticatory muscles (trismus)
2. Forceful sustained eye closure (blepharospasm)
3. Facial grimacing
4. Oculogyric spasm (brief fixed stare, followed by upward and lateral rotation of the eyes so that only the sclera remain visible)
5. Dysarthia
6. Dysphagia
7. Glossopharyngeal constrictions
8. Torticollis.

Rarely abnormal movements of the limbs, with dystonic arm movements or gait are seen. Although dystonic reactions are generally fairly obvious, mild symptoms may go unnoticed.

Akathesia (literally can't sit still) is characterized by a subjective sense of inner restlessness, mental unease, unrest or dysphoria.

This is commonly accompanied by a characteristic pattern of restless movements including rocking from foot to foot, walking on the spot, and shuffling and tramping of the legs. In severe cases, patients pace rapidly and are unable to sit or lie down for more than a few minutes.

Substantial variation in the course of each EPS has been reported.

Acute dystonic reactions occur most commonly within 12 to 48 hours of initiating or substantially increasing antipsychotic treatment, akathesia typically occurs within a few hours or days of starting treatment, and Parkinsonism usually does not emerge for several days or weeks.

In a much-cited study, Ayd (1961) surveyed 3,775 patients treated with both high- and low-potency **conventional antipsychotic drugs and reported that 38% of the sample developed Acute EPS. There appears to have been a steady increase in the prevalence of Acute Extrapyramidal**

Symptoms (EPS) (Dystonia, Akathisia and Parkinsonism) in the past 30 years.

Anticholinergics are associated with a range of Side Effects including:

1. Dry mouth,
2. Blurred vision,
3. Constipation,
4. Tachycardia,
5. Urinary hesitancy or retention,
6. Erectile dysfunction in men or failure of vaginal lubrication in women (Barnes and McPhillips 1996).

Anticholinergics may also provoke or exacerbate tardive dyskinesia.

Side-Effects from Rapid Withdrawal of Drugs

Rebound Phenomena including:

1. Nausea
2. Abdominal Pain
3. Restlessness
4. Insomnia
5. Akinetic Depression

Have been reported; **following the Rapid Cessation of Anticholinergics.**

Worrying Effect

The most worrying effect of anticholinergics is their impact on cognitive functioning. Cholinergic blockade produces cognitive deficits similar to those observed in normal ageing. **Anticholinergics may have specific effects on patients short-term memory and their ability to sustain attention.**

Long Term Effects

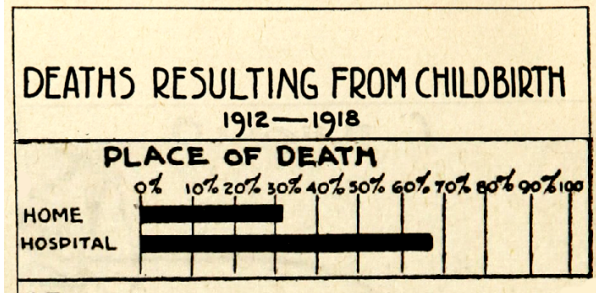
For a long time it has been known that Antipsychotics can cause Tardive Dyskinesia and, in a very few people, sudden death.

Tardive Dyskinesia

Tardive (late onset) dyskinesia is characterized by abnormal oral and facial movements such as sucking or smacking, lateral jaw movements and flicking of the tongue. It is generally thought that 5% of people treated with typical Antipsychotics will develop these symptoms with each year of exposure to the medicine.

Unexplained Death

Unexplained sudden cardiac death in people taking Antipsychotic Drugs has long been a cause for concern." - Ian Norman, Iain Ryrie, in "The Art and Science of Mental Health Nursing", 2005.



- in "Syllabus of Lectures on Home Nursing", Chicago, 1919.

Blind by Medications

In 1919, 1 in 3 of the children in the USA where blind because of Medical Trade pharmaceutical drugs.

The following pamphlet by the Chicago Department of Health Education Series No.91, stated:

"There are 60,000 blind persons in the United States.
At least 20,000 of these sad cases were Preventable!
To Lose one's Sight is Like Losing LIFE itself.
SAVE YOUR BABY'S SIGHT"

So instead of saying, there is a problem here!

The Medical Trade are giving substances which cause babies to go blind, the health departments instead issues posters.

Agranulocythaenia

"Agranulocythaenia (in plain language, blood-poisoning), is a fatal disorder whose origin had long been a mystery.

It is now known to be caused by Pyramidon, a drug taken and widely prescribed by "specialists," for relieving symptoms derived from elementary errors in the manner of living.

Sir William Wilcox, the eminent English toxicologist, in the British Medical Journal 2 years ago, discloses that this disastrous disease is caused also by the Salicylates - drugs universally taken and prescribed by medical men the world over, for the suppression of symptoms they call "rheumatism." But such symptoms are no more than commonplace consequences of wrong feeding and general habits - not infrequently, of unhappiness merely.

Agranulocythaenia may also be caused, says Sir William, by the Barbiturates (of which Luminal, the great brain paralyser, is the best known), prescribed literally in tons for suppressing nervous symptoms arising from toxic conditions of body and mind.

Also, says Sir William, by "Avertin," used as a basal anaesthetic in surgical operations for cutting out symptoms amenable often to simple natural methods.

Also by Aspirin! Who dare compute the number of tons of this potent destroyer swallowed annually to relieve the symptoms of stupid living?

One English firm spent £340,000, in one year, in

advertisement alone, on one particular futile disease-producer.

And the British Medical Journal continues to draw large sums from advertising, to medical men, the poisons its own columns condemn!

What Sir William Wilcox has yet to discover is, that Agranulocythaenia is only one of the killing effects of the above named poisons.

Presently it will dawn on him, to his horror and dismay, that deafness, eczema, asthma, blindness, paralysis, criminal degeneracy, delusions, cancer, and insanity, together with numerous other appalling adversities, quite frequently eventuate from a variety of drugs so comprehensive as to include almost the whole range.

These are reckoned already by tens of thousands; and are continually increasing in numbers, futility, and toxicity.

Not long ago, while eulogies appeared of "God's G. men," as a paper was pleased to term us medical men, a paragraph recorded some hundreds of deaths caused by the latest drug advocated to "cure" "blood-poisoning."

Inept in their ignorance, though anxious enough to aid, those who prescribe these compounds know practically nothing of their composition, and less of their action, immediate or remote.

Desperate in their helplessness, and beguiled by specious and cunningly worded advertisement, they clutch at the subtle deceptions as a drowning man at a straw; they impose upon public confidence by prescribing on the say-so of salesmen carefully trained to take advantage of ignorance and credulity.

Doctors thus become the agents for destroyers more frightful than phosgene." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

Eight Medical Lies and Why I Abandoned Medicine

"We live in the most seamlessly dis-informed times. In the fields of History, Science and Medicine, we are being fed an endless lies.

This misrepresentation (lies) are continually reinforced, through public instruction and multimedia.

Most people are living their lives, with minds so filled with this lies, that they blindly engage in numerous self-destructive activities, including the ingestion of Pharmaceutical Poisons.

By education and by trade, I was a drug chemist.

My passion for science motivated a successful career in drug design and synthesis - in both academia and industry.

As a scientist, I witnessed first-hand the priorities of Big Pharma. In the pharmaceutical industry, making money supersedes science. Science no longer prevails in medicine. Instead, **modern medicine has been democratized. Drug approval is a simple matter of 51% telling the other 49% that a prescription drug is both safe and necessary.**

The Outcome

Deadly Poisonous Drugs are approved for use among individuals. Herein lies a story of deceit.

Carcinogenic Cancer Drugs

My suspicion of modern medicine began while I was employed by Eli Lilly (pharmaceutical company) to design a new generation of Hormone Replacement Therapy drugs.

Such drugs include: Tamoxifen and Raloxifene. Initially, these drugs were thought to block estrogen receptors (excess estrogen can initiate cancer growth) and thereby halt cancer.

As time progressed, though, it was learned that they were also capable of activating estrogen receptors.

The end result was a biochemical environment favourable to cancer growth among users.

*"**Context: Studies of long-term hormone replacement therapy suggest an associated increased risk of breast cancer.** The major source of information regarding the use of Hormone Replacement Therapy was the Group Health Cooperative of Puget Sound (GHC) computerized pharmacy database, which began in March 1977. This database contains detailed information about all prescriptions dispensed from GHC pharmacies, including: date, drug name, dosage, formulation, pill quantity, and route of administration.*

***Results:** Women with breast cancer were more likely than controls to have had a family history of breast cancer and screening mammograms at GHC.*

The incidence of Breast Cancer, all histologic types combined, was increased by 60% to 85% in recent long-term users of Hormone Replacement Therapy, whether estrogen alone or estrogen plus progestin.

***Conclusion: Our data add to the growing body of evidence that recent long-term use of Hormone Replacement Therapy is associated with an increased risk of Breast Cancer** and that such use may be related particularly to lobular tumours." - in "Hormone Replacement Therapy in Relation to Breast Cancer", JAMA, 13 February 2002.*

The risk of cancer associated with Hormone Replacement Therapy drugs was obscured from doctors by drug companies.

This can be seen by the fact that tamoxifen is the gold-standard used by the Medical Trade to fight cancer, and particularly Breast Cancer.

My task was made clear: Design Hormone Replacement Therapy "knock-offs" that are effective without causing cancer.

Inmates given Keys to Asylum in 1997

In a ghastly conflict of interest, the Food and Drug Administration (FDA) granted in 1997 the duty of Direct-To-Consumer Advertising to the Pharmaceutical Companies.

My suspicion grew into conflict. The disinformation campaign behind Hormone Replacement Therapy drugs was not an isolated case.

I learned that drug advertising and science are frequently in direct opposition to each other.

For Example

Direct-To-Consumer Advertising Dictates that:

1. "Lowering cholesterol prevents heart disease". - **Science proves otherwise.**
2. "An aspirin a day will keep heart attack away." - **Science proves otherwise.**
3. "Depression is a disease that must be treated with prescription drugs." - **Science proves otherwise.**
4. "Attention Deficit Hyperactivity Disorder (ADHD), is a disease and that our children must be treated with Amphetamines." **- Science proves otherwise.**
5. "Infants must be vaccinated to prevent childhood illness." **- Science proves otherwise.**
6. "Blood pressure must be controlled via a lifetime of servitude to prescription drugs." **- Science proves otherwise.**
7. "Chemotherapy is your first line of defence against deadly cancer." **- Science proves otherwise.**
8. "Type II Diabetes must be treated with daily insulin use." **- Science proves otherwise.**

The Slogan: *"The benefits of a drug outweigh the risks."*

Don't believe it!

Food and Drug Administration (FDA) approved drugs are killing an estimated 106,000 people every year.

That equates to 1 person dies every 5 minutes; from "approved" drugs, 300 persons each day.

This does not count for deaths by medical error at hospitals, which adds 98,000 deaths.

An estimated further 2 Million people are victims of drug-induced illnesses.

The health benefits of prescription drugs are illusory. The technical skills of chemists are not being used for humanitarian purposes. They are being used in a deadly game of profiteering.

Medicine has become a Billion Dollar empire not out of keen science, but rather deceit. The end result has been nations under drugs. This subjugation has set a standard of health that by definition, is sick care disguised as health care. Science proves that habits, not drugs, create and eradicate disease.

The current devastation of prescription drugs is a warning that healthy lifestyle and nutrition habits must replace blind worship of prescription drugs in the pursuit of life-extension." - Shane Ellison, M.Sc., in "Idaho Observer", November 2005.

Top-Selling Drugs in the United States in 2003

Rank	Drug	2003 Sales	Taken for	Company
1	**Lipitor**	**$6.8 Billion**	**Cholesterol**	**Pfizer**
2	**Zocor**	**$4.4 Billion**	**Cholesterol**	**Merck**
3	Prevacid	$4.0 Billion	Heartburn	TAP Pharma-ceutical Products
4	Procrit	$3.3 Billion	Anaemia	Johnson & Johnson
5	**Zyprexa**	**$3.2 Billion**	**Mental illness**	**Eli Lilly**

6	Epogen	$3.1 Billion	Anaemia	Amgen
7	Nexium	$3.1 Billion	Heartburn	Merck
8	**Zoloft**	**$2.9 Billion**	**Depression**	**Pfizer**
9	Celebrex	$2.6 Billion	Arthritis	Pfizer
10	Neurontin	$2.4 Billion	Epilepsy	Pfizer
11	Advair Diskus	$2.3 Billion	Asthma	Glaxo SmithKline
12	Plavix	$2.2 Billion	Blood clots	Bristol-Myers Squibb
13	Norvasc	$2.2 Billion	High blood pressure	Pfizer
14	**Effexor XR**	**$2.1 Billion**	**Depression**	**Wyeth**
15	**Pravachol**	**$2.0 Billion**	**Cholesterol**	**Bristol-Myers Squibb**
16	**Risperdal**	**$2.0 Billion**	**Mental illness**	**Johnson & Johnson**
17	Oxycontin	$1.9 Billion	Pain	Perdue Pharma
18	Fosamax	$1.8 Billion	Osteoporosis	Merck
19	Protonix	$1.8 Billion	Gastrointestinal reflux disease	Wyeth
20	Vioxx	$1.8 Billion	Arthritis	Merck

- in Associated Press, IMS Health, 18 April 2005.

*"**The most conspicuous and dramatic post-war development has been the development of psychosomatic medicine, resulting from a spontaneous impulse toward a synthesis between psychopathology and general medicine**, toward establishing the biopsychological unity of the human person. However, **psychosomatic medicine is overburdened with new problems which medicine cannot yet solve and which psychiatry can only name.** It seems justified to say that the synthesis of psychoanalysis with psychiatry and medicine is in the midst of a turbulent and confusing phase. The future of this synthesis is not yet clear." - Dr Gregory Zilboorg, MD, in JAMA, 10 October 1959.*

The Medical Trade Cholesterol Farce

"**Your cholesterol is vital for life, you've got over 30 Trillion Cells, and all of them need cholesterol in the membrane. So no cholesterol no life.**

It's extremely important billion years old, and your body actually makes most of your cholesterol.

So your liver, and all your body cells, can make cholesterol. And around 20%, maybe, comes from your diet. **But if you eat less cholesterol your body will make more. And if eat more cholesterol, your body will make less.**

So, dietary cholesterol for some time now they're realizing is not really relevant.

Your body makes most of it, because it's so important.

And when your body transports this crucial cholesterol around your bloodstream, it can't go willy-nilly in the blood, because your blood is aqueous, it's water-based, and cholesterol is a lipid, it's fat paste. So, your body makes these exotic kind of boats called lipoproteins, they're macro molecular structures and they carry cholesterol molecules inside, safely until they're needed. And inside in these boats, and this is a VLDL type you've got cholesterol molecules and you've got triglyceride.

Now, triglyceride is just a form of fashion storage form of fat because you use fat for energy. Eat fatty food you burn it gives you energy. So both those things are stored in the liver.

VLDL is kind of the mother of LDL, so if people heard of LDL the "bad cholesterol", generally, "your bad cholesterol", well, that's low-density lipoprotein, and this is what LDL starts off, as is VLDL.

So, this VLDL particle, goes around your body, and it goes to muscle, and it opens the hole, and it lets triglyceride go out as healthy energy, to be burnt in your muscles.

You can burn fat to keep you moving around the place. And if you're eating a lot and not exercising some of this triglyceride can be put into body fat as well, to store for a rainy day.

When the boat continues and delivers a lot of triglyceride it actually becomes an LDL, it shrinks it's lost a lot of triglyceride, and now it's an LDL particle. **And that's what you have heard off, as the "bad cholesterol". It's not necessarily bad because evolution has spent a million years plus developing this system and it works really well." -** Ivor Cummins BE(Chem) Ceng, MIEI, PMP, Chief Program Officer for Irish Heart Disease Awareness, in "Wanna know how to collapse your heart disease risk? Ok then", 19 July 2016.

Cholesterol Drugs Sales in the USA in 2003

Lipitor	**$6.8 Billion**	**Cholesterol**	**Pfizer**
Zocor	**$4.4 Billion**	**Cholesterol**	**Merck**
Pravachol	**$2.0 Billion**	**Cholesterol**	**Bristol-Myers Squibb**

- in "Associated Press", IMS Health, 18 April 2005.

"Lipidor, it is the top-selling drug in history, and helped the company Pfizer, to become the world's largest pharmaceutical company. *Lipidor a "blockbuster", generating sales in excess of $1*

Billion a year. Since its launch in 1997, it has generated more than $80 Billion in sales for Pfizer, far outstripping all other blockbusters, including Viagra. By 2004, Pfizer could boast that Lipitor had become the world's first "mega-blockbuster", ***generating annual revenues of more than $10 Billion. In 2008 they exceeded $12 Billion.****" - in "The fall of the world's best-selling drug", Financial Times, 28 November 2009.*

A New Cholesterol Medication Is Coming To Market

"FDA approved Esperion Therapuetics Nexletol, which is the first non-statin oral medication intended to lower cholesterol that FDA has approved in almost 20 years.

FDA approved Nexletol for patients who are **genetically predisposed to have high cholesterol** and patients who have heart disease." - in "A new cholesterol medication is coming to market. (And it's not a statin)", 25 February 2020.

> *"****We are taking way too many drugs for dubious or exaggerated ailments.****" - Dr. Marcia Angell, former editor of the New England Journal of Medicine*
>
> *Drug safety researcher Dr. James Kaye, of Boston University, remembers a Medical School Teacher telling the class:* ***"All drugs are poisonous!"***
>
> *Hospital patients suffer 7 hard-to-foresee adverse drug reactions and another 3 outright drug mistakes for every 100 admissions, estimates Dr. David Bates, Researcher at Boston's Brigham and Women's Hospital.*
>
> *That translates into* ***3.6 Million drug misadventures a year****." - in "The Associated Press", 17 April 2005.*

GlaxoSmithKline (GSK)

"GlaxoSmithKline (GSK) is one of the world's largest research-based pharmaceutical corporations that discovers, develops, manufactures and markets branded human health products.

GSK has 2 main business divisions, Pharmaceuticals and Consumer Healthcare:

The consumer healthcare businesses of GSK consist of over-the-counter medicines (OTC), and oral care products.

The pharmaceuticals division is the largest part of GSK's businesses and can be divided into prescription drugs and vaccines.

The pharmaceuticals division, generates 85% of GSK's sales.

The 5 largest selling GSK products are:

1. Seretide/Advair for Asthma and Chronic Obstructive Pulmonary Disease (COPD);
2. Paxil/Seroxat, for Anti-Depression;
3. Wellbutrin, for Anti-Depression;
4. Avandia/Avadamet for type 2 Diabetes;
5. Augmentin, Antibiotic.

Each of these drugs generated above £800 Million of sales in 2003.

GSK produces a broad range of products of special importance to developing countries, including:

1. Anti-malaria drugs;
2. Zentel (albendazole), for de-worming and the prevention of lymphatic filariasis;
3. Pentosam, for leishmaniasis;
4. **Anti-retrovirals (ARVs) for the treatment of HIV/AIDS**;
5. Tuberculosis drugs;
6. **Vaccines for developing countries**.

In 1995, Glaxo and Wellcome merge to form Glaxo Wellcome.

Glaxo Wellcome acquires California-based Affymax, a leader in the field of combinatorial chemistry.

In 1998, Glaxo Wellcome acquires Polfa Poznan and becomes the largest pharmaceutical company in Poland.

In 2000, GlaxoSmithKline is formed through the merger of Glaxo Wellcome and SmithKline Beecham.

In 2000, Glaxo Wellcome (one of the 2 companies that merged to form GSK) sought to halt the import of Duovir, a generic version of Combivir, into Ghana.

Duovir was manufactured by the Indian generics company Cipla at a cost of about US$ 1.74 for a daily treatment. At that time, Glaxo Wellcome offered Combivir in Ghana at a reduced price of $2 a day.

It is alledged that Glaxo Wellcome threatened to take Cipla to court. In 2000, Glaxo Wellcome was accused of preventing Cipla from exporting Duovir into Uganda in a similar dispute. Glaxo Wellcome was accused of deliberately lying to scare off generic competitors.

Correspondence with Ms. J. Frain, 15 September 2004. The MIM receives support from the Wellcome Trust, an independent research-funding charity. The Wellcome Trust was historically linked to the Wellcome

Foundation Ltd., a pharmaceutical company that later became Wellcome plc and is now part of GSK. The Wellcome Trust has a small stake in GSK." - Francis Weyzig, in "GlaxoSmithKline company profile", Somo, Centre for Research on Multinational Corporations, October 2004.

The Wellcome Foundation

"In 1924, Henry Wellcome consolidated all his commercial and non-commercial activities under one corporate umbrella: The Wellcome Foundation Ltd, which included Burroughs Wellcome & Co.

In 1932, he was knighted and made an Honorary Fellow of the Royal College of Surgeons of England in recognition

of his services to medicine and many allied disciplines. On 29 February 1932, he signed the final version of his will.

In his will, he vested the entire share capital of the drugs company, the Wellcome Foundation Ltd (of which his museums, collections and laboratories were assets), in Trustees, thus creating the Wellcome Trust.

The Trustees (now Governors) were charged with spending the income from the capital according to Sir Henry's wishes (broadly, to advance medical research). In 1986, the first of a series of share sales created a public limited company, Wellcome plc, in place of the Wellcome Foundation Ltd. Further asset diversification culminated in the 1995 merger with Glaxo, with the Wellcome Trust maintaining a small stake in Glaxo Wellcome plc.

The sale of those shares led to an unprecedented period of growth for the Wellcome Trust: its annual spend on research increased from an average of £28 Million in the 1980's to £600 Million in 2000-2001.

At the dawn of the 21 Century the Wellcome Trust plays a global role in advancing medical research." - in "A brief history", The Wellcome Trust, 9 July 2001.

Has Breast Screening Saved Lives is a Categorical NO

"This subject seriously needs attention from the Department of Health.

I want to highlight a table from the New England Journal of Medicine editorial.

Now, read this carefully, estimated benefits and harms associated with 10 years of screening for 2,500 women aged 50 or more.

You avoid 1 woman dying from breast cancer for every 2,500 screened for 10 years, that is the benefit.

Against that, 1,000 women will have at least one false alarm and will undergo unnecessary biopsy.

And breast cancer will be over diagnosed in 5 to 15 women who will then be treated unnecessarily for a disease that would never threaten her life.

How can you understand this?

This is so counter to the culture you've been brought up in.

Catch it early, save your life?

My answer to the question, has breast screening saved lives is a categorical NO." - Professor Michael Baum, School of Life and Medical Sciences, University College London, in "Breast screening: some inconvenient truths", 28 October 2010.

Information Provided by the NHS on Breast Screening Is Seriously Misleading

"**Information provided to the public by the NHS (UK) Breast Screening Programme is seriously misleading,** downplays the most important harm, and has remained largely unaffected by repeated criticism and pivotal research questioning the benefits of screening and documenting substantial over-diagnosis. This is unacceptable.

Spokespeople for the Programme have stuck to the beliefs about benefit that prevailed 25 years ago and continue to question the issue of over-diagnosis. Women therefore cannot make an informed choice whether to participate in screening based on the information the Programme provides." - Dr Peter C Gøtzsche, MD, Dr Karsten Juhl Jørgensen, MD in "The Breast Screening Programme and misinforming the public", Journal of the Royal Society of Medicine, September 2011.

> *"The best screening study, was done in Canada; the Canadian National Breast Screening study, it started in 1980. They screened women for 5 screens, over over 4 years annual screening studied women distinctly under the age of 50. Try to answer some of the questions that previous research couldn't*

answer. ***They've also concluded that there was absolutely no life saved in women under 40 or for women over 50.*** *You can imagine by this time Mammography become an Industry.* ***The radiology community was promoting strongly, the American Society was promoting strongly, in Canada we were trying to get screening programs up.*** *So by the time the Canadian research was actually published in at first in 1992, we already had a screening program in British Columbia, and in Ontario. So you can imagine as all of these people with vested in the idea of early detection, and along comes this massive study in Canada of 90,000 women that says:* ***Wait a minute it's actually not saving lives according to the data we have at this point.*** *And then of course the Canadian study followed up and it continued to find the same result that it doesn't matter how long they they looked at it they just followed women for 25 years, and it was the same result, that* ***it just did not have impact on mortality****." - Renée Pellerin, in "The Truth About Mammography", The Agenda with Steve Paikin, 21 March 2019.*

Abolish Mammography Screenings

"I believe that if you had a tumour, the last thing you would want to do is crush that tumour between 2 plates, because that would spread it." - Dr Sarah Myhill, MD, in "Truth about the breast screening program", 2013.

"I think, if a woman from the age of 50 has a mammogram every year, or every 2 years, she is going to get breast-cancer as a direct result from that". - Dr Patrick Kingsley, MD, in "Truth about the breast screening program", 2013.

"Healthy women all over the world have been disfigured, disempowered, and brainwashed into believing that theirs beautiful nurturing breasts, have only one objective to kill them!" - in "Truth about the breast screening program", 2013.

Endless Support for Vaccines and Epidemics

"Today, we have a £26.8 Billion investment portfolio which funds all the work we do. In the next 5 years, we plan to spend around £5 Billion **helping people across the world explore great ideas.**

We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research.

One of the world's biggest challenges is how to prepare for and respond to Epidemics.

Here are a handful of ways we're working to outsmart Epidemics:

1. **Advocacy, calling for urgent investment in global research and development to help the world overcome coronavirus (COVID-19)**
2. **Vaccine development, such as when we co-funded the development of a new Ebola vaccine.**
3. **Studies such as the Wellcome Global Monitor, which surveys attitudes to science, health and vaccines across the world, informing research and policy.**
4. Behavioural projects, such as training health workers to reduce risk of infection while working on the frontline.
5. Social science, including research into the ethics of medical trials involving pregnant women, which was of urgent importance during the **Zika virus.**
6. **Developing research leaders in regions most affected by infectious disease (as we've done through our DELTAS Africa initiative).**
7. Public engagement, including Contagious Cities, an

international cultural project **supporting local conversations about epidemic preparedness.**"- in "About us", Wellcome Trust, August 2020.

Please read the book: "Medicine The Lies, The Greed & The Death", 2021, for more inside information.

"England has had repeated and severe epidemics once every 4 or 5 years throughout the last century.

It was discovered, through hindsight that the more the English government forced vaccination and re-vaccination on their people, the more regular were the epidemics.

In 1906 the British Government introduced a "Conscientious Clause" which declared that any person who had a conscientious objection could refuse vaccination!

As a consequence, there was a sharp decline in the number of persons vaccinated, and the incidence of smallpox continued to decline, as the number of vaccinations became fewer.

Eventually, in 1946, the British Government repealed the compulsory vaccination law, and as a consequence, smallpox epidemics vanished!

The County of Leicester Refused Vaccinations

"The county of Leicester refused however, to use vaccinations - and instead used the money that was originally allocated for mass vaccination, for improving sanitary conditions. The medics prophesized by this action, that all the people in Leicestershire would become victims of smallpox while the rest of England would be saved to a great extent. But, what happened? Leicestershire remained entirely free from smallpox while the remainder of the country was still affected by smallpox epidemics!" - Dr Donald A. Dahlin, DC in "Are Epidemics and Vaccinations Billion Dollar Scams?", 2010.

Please see:
http://people.wku.edu/charles.smith/wallace/S616.htm

Vaccines Save Millions of Lives Is Unscientific Claim

"Here two centuries of UK, USA and Australian **official death statistics show conclusively and scientifically modern medicine is not responsible and played little part in substantially improved life expectancy and survival from disease in western economies.**

The measles mortality graphs are enlightening and contradict the claims of Government health officials that vaccines save millions of lives.

It is a plainly unscientific claim which the data shown is untrue.

The success of the City of Leicester, England was remarkable in reducing smallpox mortality substantially compared to the rest of England and other countries by abandoning vaccination between 1882 and 1908." - Dr Donald A. Dahlin, DC in "Are Epidemics and Vaccinations Billion Dollar Scams?", 2010.

The Evils of Polypharmacy

"In prescribing the practitioner should put clearly before his mind the effect which is required, and he should use the appropriate remedy in the way, best fitted to produce that effect. This of course is a truism, but unfortunately in medicine, as in morals, it is the truisms that are most neglected in practice.

> *Archbishop Whately said: "Most preachers aim at nothing, and hit it".*

The same may be said of too many prescribers. A superfluity of drugs in a prescription may serve to conceal the want of knowledge, as a superfluity of words in a discourse may hide the want of matter.

But Polypharmacy, however useful to the doctor as a cloak for ignorance and to the druggist as a source of profit, is an absurdity and an abuse.

To the patient it is always more or less injurious. In the practice of our art we must often do evil that good may come of it. **Every drug taken into the stomach deranges to some extent the delicate, machinery of the body.**

But a number of medicinal substances thrown together in a man's inside, what can come of this but trouble?

The patient is lucky indeed if they simply neutralise each other, or if they move the overburdened stomach to eject them all impartially.

It is this more than anything else that has made our art a stone of stumbling to the wise and a laughing-stock to scoffers.

Practitioners of the old school were described as:

> ***"Pouring medicines of which they know little into bodies of which they know less".***

And the pity, of it is that even now the gibe has not lost all its point.

We no longer prescribe such monsters of the pharmaceutical imagination as the "Electuariumopiatumpolupharmacum", which consisted of 72 ingredients.

But this fearful and wonderful farrago was still in the Codex Medicamentarius of France, not very many years ago, and I have myself seen in this country prescriptions of the same order of architecture though less flamboyant in detail.

Even at the present day mixtures, of half a dozen ingredients are quite common, and sesquipedalian formulae are by no means unknown, at least among dermatologists.

Nothing probably has hindered the progress of therapeutics as much as Polypharmacy.

If we fire charges of medicinal small shot at a disease, how are we to tell which of them hits the mark?

And how is it possible to gain an accurate knowledge of the action of remedies if we administer them in mixtures as complex in their ingredients as the bouillabaisse so lovingly described by Thackeray?" - Dr Malcolm Morris, FRCS in "The Uses and Abuses of Internal Remedies in the Treatment of Skin Diseases", The British Medical Journal, 15 October 1898.

Broncho-Pneumonia

Bronchitis

"**Bronchitis is a common symptom of ordinary "colds"**, and may be caused by the various germs of the infectious diseases such as: measles, whooping cough and influenza; **by breathing irritating substances such as dust, smoke, baked furnace air and irritants of various kinds.**

Some medicines are capable of producing bronchitis, as iodide of potassium.

Pneumonia

For 10 years the average yearly deaths in Chicago from Pneumonia have been 4,849.

In the last 10 years the epidemic diseases, scarlet fever, diphtheria, cerebrospinal fever, measles, smallpox, whooping cough, infantile paralysis and typhoid fever have killed 26,672 persons.

In the same time pneumonia killed 48,492. About 1/8 of the deaths from all causes is charged to Pneumonia.

Pneumonia is characterized by an acute inflammation of the lungs. The onset is by a chill followed by fever, rapid breathing and cough. The sputum is rusty, and there is usually pain in the chest, felt when breathing.

Influenza

Influenza is an actively contagious epidemic disease, spreading rapidly and attacking large numbers of people. It is characterized by an infection of the respiratory tract, fever, a marked prostration, and a tendency to the development of pneumonia as a complication.

The influenza bacillus (Pfeiffer) has been considered as the cause of the disease, but it is probable that other bacteria also play a role in the development of the malady and its complications.

Influenza occurs at irregular intervals as a pandemic, i.e., as a disease occurring over a widespread area.

Five such visitations have occurred during the last 100 years, and 16 authentic outbreaks have been recorded previous to that period.

Following such pandemics, influenza usually recurs in endemic or epidemic form for a number of years. Such local outbreaks followed the pandemic of 1889-1890 for a period of 3 years.

In Chicago high death rates from Influenza and related Diseases of the Lungs occurred in March and April 1891; **January and February**, 1892, and in **February and May** 1893, following the first outbreak in **January** 1890.

The first pronounced recurrence after the pandemic of **October** 1918, was a widespread epidemic of the disease in this country, reaching Chicago, in **January** 1919.

Symptoms

The disease usually develops within 2 or 3 days after exposure to infection. The symptoms are extremely variable but: fever and catarrhal symptoms of the respiratory tract, such as running nose, sore throat, tonsillitis, bronchitis, with the resultant sneezing and coughing, occur in the majority of cases.

The onset is usually sudden, with chilliness followed by: fever, headache, intense general pain, especially in the back and joints, and marked prostration.

These general symptoms are usually much more severe than in ordinary "colds". The temperature rises to 39.5 C or 40 C and lasts only from 1 to 4 days, or less than a week, if complications do not set in.

The most common complications and the most frequent cause of death is Broncho-Pneumonia.

This often begins insidiously without a chill and is characterized by shortness of breath and increased coughing and expectoration. In some cases the nervous symptoms predominate the headache and general or neuralgic pains are severe. Sometimes a violent delirium occurs.

Medicines

Many of the remedies commonly taken for "colds" or headaches, which are the usual symptoms of influenza, contain coal-tar derivatives which are depressing and there fore may do great harm if the patient should have an attack of pneumonia or a weakened heart, as is often the case in influenza.

Similarly, the narcotics, like opium, morphin and codein are usually injurious in diseases of the lung; hence cough syrups or other remedies containing the same should never be given.

Baths

Baths for Fever: As a rule, influenza patients are very susceptible to cold applications; therefore, **warm sponge baths will be found less disturbing and hot applications are most advantageous for the relief of pain.**

Chilling the patient should always be avoided.

Severe nervous symptoms are sometimes relieved by warm baths.

High fever may be relieved by sponging with tepid water, but chilling of the patient must be avoided. Cold baths are poorly tolerated by influenza patients. If headache is excessive cold cloths or an ice bag may be applied to the head.

Complications

The most common complication is Broncho-Pneumonia. This occurs in from 5% to 8%, of the cases.

Pneumonia, complicating Influenza, usually begins without a chill, but with increased cough, expectoration and shortness of breath.

The temperature may be only slightly more elevated.

It seldom sets in before the 4th day of the illness.

A recurrence of temperature after it has reached normal is suggestive of pneumonia.

The development of pneumonia makes the outcome of the case more uncertain since the death rate in this form of pneumonia is very high; **in uncomplicated influenza few die compared with the number attacked, while in influenzal pneumonia the death rate reaches from 20% to 50%."** - Dr John Dill Robertson, MD, Chicago Commissioner of Health, in "Syllabus of Lectures on Home Nursing", 1920.

Diagnostic Features of Nasal and Otitic Manifestations of Influenza

"Following the various influenza epidemics of the past 20 years, a remarkable increase of disease of the mucous membrane lined cavities of the head has been universally noted, and while changes in the upper respiratory tract are a characteristic part of this infection, the aural and nasal apparatus has also suffered to a considerable extent, **the number of cases of various nasal and aural disease being especially augmented during, and immediately following any particular epidemic.**

As influenza in its infectious character shows a special predilection for the mucosa of the upper air passages, the infection extends from the nasopharynx through the Eustachian tube, **the mode of invasion differing in no way from that of other infectious diseases.**

In practically all the aural affections that are produced by this disease, **the chief characteristic, as compared with the same conditions following other infectious diseases, is the intense hyperemia present (an increased amount of blood in the vessels of an organ or tissue in the body, which affects many different organs, including the liver, heart, skin). All the tissues involved are engorged with blood far more than is noted in the inflammation caused by other affections.**

The symptoms in general, therefore, are largely dependent upon this pathologic condition, and both subjectively and objectively they express this intense hyperemia.

Not infrequently during a severe epidemic of this disease, the external auditory canal may alone be affected.

The most constant symptoms of influenzal infection of these cavities other than nasal discharge is cephalalgia (headache, pain in the region of the head or neck).

I do not think the frontal headache due entirely to the pressure of the swollen mucous membrane lining the sinus, or to retention of secretions, but in part to the

poison generated in the blood, which doubtless is the cause of pain throughout the rest of the body.

What this toxic principle is we do not know, but most certainly it is the product of bacterial activity.

All acute cases of influenzal accessory sinus disease, if intelligently treated, and the conditions underlying recognized and provision made for ventilation and free drainage, get well without passing into the state of chronic suppuration.

Free drainage and ventilation of the sinuses is the keynote of treatment.

We are daily confronted with scores of individuals, both children and adults, with nasal discharge of varying quantity, with bizarre neuralgic head pains, with varying degree of cephalagia, with ocular symptoms, with hawking of mucus from the nasopharynx, **with Anosmia (partial or complete loss of the sense of smell),** with atrophic rhinitis with its foul-smelling crust formation accompaniment, who date their original infection to an attack of influenza.

It is these individuals whose nasal symptoms are neglected by so many during their acute influenzal condition that today fill the offices of the rhinologist, and it is these cases of chronic accessory sinus disease which today form the greater part of the practice of every rhinological specialist." - Dr Seymour Oppenheimer, MD, Fellow of the American Laryngological, Rhinological and Otological Society ; Fellow of the American Academy of Oto-Laryngology, etc., etc. New York, in "The Archives of Diagnosis", 1913.

Anosmia

"Anosmia and hyposmia, the inability or decreased ability to smell, is estimated to afflict 3–20% of the population.

Risk of olfactory dysfunction increases with old age and may also result from chronic sinonasal diseases, severe head trauma, and upper respiratory infections, or neurodegenerative diseases.

Inability to smell or losing the sense of smell: Anosmia

Recent nationally representative data reveals that anosmia afflicts 3.2% of US adults who are aged more than 40 years (3.4 Million people), and this number increases with age (14–22% of those 60 years and older).

These data have informed US public health recommendations for the need to appropriately evaluate and treat individuals with olfactory disorders.

The growing attention to the problem of anosmia provided impetus for a clinical symposium at the 2016 Association for Chemoreception Sciences annual meeting.

Olfactory loss, can be an early marker for developing neurodegenerative disorders such as Parkinson's disease or Alzheimer's disease, increases the risk of malnutrition, safety problems, and has been associated with increased mortality among older adults." - in "Anosmia—A Clinical Review", Chemical Senses, 2017.

"Smell loss is the most common type of olfactory disorder. There are many degrees of olfactory loss; some people lose it completely and suddenly, whilst others experience it gradually over time, sometimes not realising that it is deteriorating.

Anosmia is regarded as being a rare condition, but is probably more common than many people think.

Various studies undertaken in a number of countries to try to establish the prevalence of smell loss have suggested that anywhere from 0.1% to over 5% of people are anosmic with up to 50% being hyposmic.

Results will of course vary according to who was surveyed in each study, but taking all this into account it is perhaps reasonable to say that potentially **around 5% of the population has anosmia or severe hyposmia."** - in "Smell Disorders", Fifth Sense, February 2021.

Anosmia: Loss of Taste and Smell

"Does anosmia also affect your sense of taste? Are there any other symptoms?

"75-80% of what we perceive as taste actually comes from smell, so it's no surprise than anosmia can affect our sense of taste."

Orthonasal olfaction is when you smell something through sniffing.

During this process, air carries odours high up inside the nose.

Retronasal olfaction is where food odours from the oral cavity (i.e. your mouth) pass into the nose while you eat, 75-80% of our flavour perception actually comes from this process, so it is no surprise that anosmia can affect our sense of taste as well as smell." - Dr Rajiv Bhalla, MD, Consultant ENT and head and neck surgeon, specialises in rhinology at BMI The Alexandra Hospital, in "Anosmia: Loss of Taste and Smell", BMI Healthcare, 2021.

"Anosmia (loss of sense of smell) and dysgeusia (alteration of sense of taste) have been reported in association with the COVID-19 pandemic.

Dysgeusia may be related to alteration in the perception of taste due to loss of the sense of olfaction.

There have been published and non published anecdotal reports of anosmia related to COVID-19 emanating from around the world, including South Korea, Germany, Italy, United Kingdom, Iran, and the United States.

In South Korea, the Daegu City Council's informal phone survey found **15.3% of 3,191 confirmed SARS-CoV-2 cases had anosmia or dysgeusia.**

Hendrick Streeck, a German virologist, reported a loss of smell and taste in over two-thirds of 100 people interviewed with mild symptoms from COVID-19.

Massimo Galli, an Italian infectious disease specialist at the University of Milan, noted that anosmia and dysgeusia seem to be observed in patients with even modest symptoms

or limited severity; however, these appear to present later in the course of infection.

A non–peer-reviewed Iranian study **of 10,069 patients with anosmia or hyposmia (unknown COVID-19 status) noted sudden symptom onset in 76.2%.**" - in "COVID-19 Anosmia Reporting Tool: Initial Findings", Otolaryngology–Head and Neck Surgery, 28 April 2020.

Statement from the UK Chief Medical Officers on an Update to Coronavirus Symptoms

"New information about coronavirus (COVID-19) symptoms has been announced.

From today, all individuals should self-isolate if they develop a new **continuous cough, or fever, or anosmia.**

Anosmia is the loss of or a change in your normal sense of smell.

It can also affect your sense of taste as the 2 are closely linked.

We have been closely monitoring the emerging data and evidence on COVID-19 and, after thorough consideration, we are now confident enough to recommend this new measure.

Chief Medical Officer for Wales, Dr Frank Atherton

Chief Medical Officer for Northern Ireland, Dr Michael McBride

Chief Medical Officer for Scotland, Dr Gregor Smith

Chief Medical Officer for England, Professor Chris Whitty" - in "Department of Health and Social Care, Gov.uk, 18 May 2020.

Check if you have Flu

"Flu symptoms come on very quickly and can include:

1. A sudden high temperature of 38C or above [Fever]
2. An aching body
3. Feeling tired or exhausted
4. A dry cough
5. A sore throat
6. A headache
7. Difficulty sleeping
8. Loss of appetite
9. Diarrhoea or tummy pain
10. Feeling sick and being sick", in NHS, 6 August 2019.

What Causes Smell Disorders?

"Smell disorders have many causes, with some more obvious than others.

Most people who develop a smell disorder have experienced a recent illness or injury. Common causes of smell disorders are:

1. Aging
2. Sinus and other upper respiratory infections
3. Smoking
4. Growths in the nasal cavities
5. Head injury
6. Hormonal disturbances
7. Dental problems
8. Exposure to certain chemicals, such as insecticides and solvents
9. Numerous medications, including some common antibiotics, and antihistamines
10. Radiation for treatment of head and neck cancers
11. Conditions that affect the nervous system, such as Parkinson's disease or Alzheimer's disease."- in "Smell Disorders", National Institute on Deafness and Other Communication Disorders, 12 May 2017.

"When loss of the sense of smell is not due to local inflammation of the nasal mucosa or to blockage of the nasal passages, it usually indicates disease or injury of the olfactory nerve." *- in "Anosmia", The Lancet, 9 January 1943.*

"Chronic sinus disease associated with progressive mucosal disease is often a cause for anosmia." *- in "Anosmia and chronic sinus disease, Otolaryngology - Head and Neck Surgery, July 1996.*

"Physicians seldom ask their patients about their ability to smell and they rarely test this special sense.

The relative infrequency of olfactory impairment is due to the fact that bilateral loss of function (anosmia) must occur before the patient is aware of the problem, which is in sharp contrast to dysfunction in the paired organs of vision and hearing.

The patient is generally unaware that the anosmia may be life-threatening, such as a space-occupying lesion in the anterior fossa or parasellar area." - Dr Roberta Schneiderr, MD, in "Anosmia: Verification and Etiologies", Ann. Otol., 1972.

Treatment of Ozena With Vitamin A

"Otorhinolaryngology there are scarcely any disorders so refractory to therapy as ozena, chronic atrophic rhinitis, and rhinopharyngitis sicca.

Innumerable attempts have been made to treat these conditions, ranging from use of purely systemic to local treatment and even to extensive operative intervention.

As early as 1927 Glasscheib advanced the opinion that **ozena was due to avitaminosis A [deficiency of vitamin A]**, while in 1929 **Fleischmann considered the curative component to be vitamin D contained in cod-liver oil.**

In 1947 Scuderi reported that he had successfully treated patients with vitamins A and D (Alfadol).

At the Scandinavian Congress of Otology in Oslo, in 1950, I reported on ozena treated with vitamin A, the paper was published in Acta oto laryngologica, Supplement 95.

The low incidence of ozena in Scandinavia is perhaps due to the daily intake of cod-liver oil by the population.

The disease is appreciably more common in warm countries, a fact probably due to the supply of vitamin A in the form of carotene, with defective conversion of the latter.

This is supported in a publication by **Lovino (1948), who observed very low blood levels of both carotene and vitamin A in patients with ozena.**

On the basis of my investigations, it should now be possible to treat most cases of dryness of the upper respiratory mucosa with vitamin A.

It must be assumed that **ozena may be due to various causes, including endocrine disturbances** as shown by Miehlke.

Diphtheria is possibly an important etiological factor.

It cannot be ruled out that severe diphtheria may cause such severe damage of the mucosa as to prevent any chance of regeneration.

No explanation has been found for the mode of action of these high doses of vitamin A. The effect is no doubt systemic.

The patients are relieved of headaches; there is, in their own words, a "miraculous" improvement in their general condition, and in the case mentioned above the vascular spasms in the hands and feet disappeared completely as normal function of the mucous membranes was restored; 35 cases of severe ozena were treated with vitamin A, of these, 27 patients were rendered symptom free in 2 to 3 months." - Dr Ebba Stanbygard, MD in "Treatment of Ozena and Rhinopharyngitis Chronica Sicca with Vitamin A", Archives of Otolaryngology - Head and Neck Surgery, 1954.

Vitamin A in Nasopharyngitis and Rhinitis

"Of the 18 patients who received injections 17 noticed improvement, 14 patients had great relief, 4 noticed improvement in sense of smell, and it returned in 3 cases after intervals of 20 years, 12 years, and 8 years. The insidious advance of atrophic rhinitis seems to be halted by vitamin A. The patients with nasopharyngitis received more relief than those with atrophic rhinitis." - Dr R. B. Duncan, MD, in "Vitamin A Therapy in Atrophic Nasopharyngitis and Rhinitis", New Zealand Medical Journal, August 1956.

Treatment of Anosmia by Vitamin A

"Anosmia occurring in healthy noses can be treated by vitamin A when the olfactory mucosa has been damaged.

Vitamin A plays an important part in the physiology of olfaction, in a comparable manner to its role in vision.

High dosage vitamin A work was made possible with the synthesis of vitamin A by Isler and his colleagues in 1947 at Basle, and in 1951 the commercial preparations for oral and parenteral treatment were made available. The synthetic preparation was found to have the same activity as natural vitamin A. **It was possible to give high dosage treatment in many conditions where degeneration or atrophy of epithelial tissues was a feature of their pathology.**

One of the earliest applications of this concept to the nose was the work of E. Stanbygard, who reported good results with treatment of ozena.

> ***"Ozena is called also atrophic rhinitis, atrophic catarrh, coryza foetida and sclerotic rhinitis. However, the favorite and common term is "the opprobrium of medicine"."*** *- Dr M. M. Cullom, MD, in "Ozena", JAMA, 20 September*

He described how 6 patients regained their sense of smell as the nasal condition improved.

One of us has had satisfactory results with atrophic rhinitis and atrophic nasopharyngitis or nasopharyngitis sicca, using vitamin A in high parenteral and oral dosage.

Vitamin A appears to act on the mucous and serous glands of the nose.

Animal experiments were conducted in an attempt to define the role of vitamin A in olfaction.

The etiology of anosmia in this survey shows influenza to be the commonest, and, together with unknown causes, to be responsible for nearly 2/3 of all patients.

Influenzal anosmia was more frequent after the Asiatic influenza epidemic.

The prognosis has been good, nearly all patients recovering within 6 months. This is probably the reason for its being the commonest cause of anosmia found.

An interesting paper by le Magnen and Rapapert describes how white rats became anosmic when they began to lose weight on a vitamin-A-deficient diet.

The effect of vitamin A is rapid, for the majority of patients regain the unpleasant lingering olfactory sense in 4 to 6 weeks." - Dr Bruce Duncan, FRCS, Michael Briggs, MSc, in "Treatment of Uncomplicated Anosmia by Vitamin A", Arch. Otolaryngol., February 1962.

The Whooping Cough Vaccine

"Pearl Kendrick and Grace Eldering studied pertussis in the 1930s. They developed and ran the first large scale study of a successful vaccine for the disease.

Pertussis vaccine (whooping cough), is usually administered as a component of the diphtheria-tetanus-pertussis (DTP/DTwP, DTaP and Tdap) vaccines.

There are several types of Diphtheria-Tetanus-Pertussis Vaccines. The first vaccine against pertussis was developed in the 1930's by pediatrician Leila Denmark.

It included whole-cell killed Bordetella pertussis bacteria.

Until the beginning of the 1990's it was used as a part of

the DTwP vaccine for the immunization of children.

It, however, contained pertussis endotoxin (surface lipooligosaccharide) and produced side effects.

New acellular pertussis vaccines were developed in the 1980's, which included only a few selected pertussis antigens (toxins and adhesins).

Acellular vaccines are less likely to provoke side effects. They became a part of DTaP vaccines for children.

In 2005, two new vaccine products were licensed for use in adolescents and adults that combine the tetanus and diphtheria toxoids with acellular pertussis vaccine." - in "Pertussis vaccine", Wikipedia, 2021.

> *"**Since 1947 many observers have noted that the injection of pertussis vaccine either alone or combined with other immunological agents may be followed by serious neurological sequelae. Brody and Sorley, of New York, reported the first case in 1947. Their child received 3 doses of pertussis vaccine, each of which was followed by a severe reaction, ranging from drowsiness to flaccid and then spastic paralysis. The child finally died of pneumonia.** I believe that there is now enough evidence to at least suggest that the administration of pertussis vaccine to some children may be a hazardous procedure. Whatever the reaction is, between the vaccine and the central nervous system, it is a severe one." - Dr Richard B. Tudor, MD in "Central Nervous System Sequellae Following Injections of Pertussis Vaccine", The Journal Lancet, January 1951.*

Acute Cerebral Symptoms

"**A 1948 article in Pediatrics discussed cases of Brain Damage following use of the Vaccine.**

The article is hauntingly similar to the large number of cases of Autism that would escalate decades later. **The children, had been developing normally and showed no**

problems prior to receiving the vaccine.

They manifested "Acute Cerebral" Symptoms within hours of injection. A regression or "failure of further development" occurred afterwards." -Suzanne Humphries, MD, in "Dissolving Illusions - Disease, Vaccines, and the Forgotten History", 2013.

"Inspection of the records of the Children's Hospital for the past 10 years has disclosed 15 instances in which **children developed Acute Cerebral Symptoms within a period of hours after the administration of Pertussis Vaccine (whooping cough).**

The children 5 and 18 months in age, in so far as it is possible to judge children of this age range, were developing normally. **None had convulsions previously.**

At inoculation time, the children age between 5 and 18 months. The records of the hospital for dose of 40 Billion bacteria was followed in a matter of minutes by:

1. Irritability
2. Coma
3. Fever
4. Convulsions

Six children reacted explosively to the 1st dose, 3rd to the 2nd dose, and 6th to the 3rd dose.

In addition, 3 children, who had had convulsive reactions to an earlier dose, reacted again with convulsions following a succeeding dose.

The regressions or failure of further development occurred after the encephalopathies (any disease or symptoms of disease referable to disorders of the brain) in several instances.

None of the children were defective prior to their acute illness." - Dr Randolph Byers, MD, Dr Frederic Moll, MD, in "Encephalopathies Following Prophylactic Pertussis Vaccine," Pediatrics, April 1948.

*"Additionally, **a new syndrome has been reported in children with autism who exhibited developmental regression and gastrointestinal symptoms (autistic enterocolitis), in some cases soon after MMR vaccine.** One of 8 patients with Crohn disease, 1 of 3 patients with Ulcerative Colitis, and 3 of 9 children with Autism, were positive. **The sequences obtained from the patients with ulcerative colitis and children with Autism, were more consistent with the characteristics of the vaccine strain.**" - Dr Hisashi Kawashima, MD et al., in "Detection and Sequencing of Measles Virus from Peripheral Mononuclear Cells from Patients with Inflammatory Bowel Disease and Autism", Digestive Diseases and Sciences, April 2000.*

The First Cases of Autism

"In October of 1938, Dr. Leo Kanner of Johns Hopkins University met Donald Triplett, a 5 year old boy, the first child in Kanner's 1943 article describing a new condition known as Autism. In the book on the autism epidemic, "The Age of Autism", 2010, Dan Olmsted and Mark Blaxill uncovered many interesting facts about the families of the first 11 children diagnosed with Autism.

Autism patient No.2 was Frederick Creighton Wellman III. He was referred on 27 May 1942, at the age of 6 years.

His father, Dr. Frederick L. Wellman, was a plant pathologist who worked in tropical areas of the world where **Yellow Fever** was common.

Olmsted and Blaxill found evidence pointed to 3 distinct clusters among the first 11 Autism Cases.

The 1st was the mercury fungicide cluster centered at the University of Wisconsin, and Frederick Wellman's work. Wellman's son was Case No.2 in Kanner's study.

In addition to Wellman, this cluster connected with Case No.3, the son of William Miller, who was a forestry professor at North Carolina State University.

The school had recently acquired an 8,000 acre tract of

land known as Hofmann Forest.

Ethylmercury fungicides (including Ceresan and Lignansan) developed by Wellman and others, were being used at North Carolina research station in the Hoffmann Forest.

Blaxill and Olmsted argued that the clustering of some of the early cases of Autism around Baltimore raised questions about whether the Johns Hopkins anti-diptheria campaign of the early 1930's may have contributed to these 1st cases as well.

Could the new Diphtheria Vaccines have also been the product of mouse-derived biological products? Or might these children have also received a Brodie polio vaccine?

Could Autism have spread among the members of the medical and scientific community, as it did in the Los Angeles County General Hospital outbreak of Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS).

If so, might it have interrupted development only among those families whose parents had some acquired pathogen perhaps transmitted to their offspring, who were also exposed to the mercury-containing products, and whose children were at a critical stage of development?

In looking at the birthdates of the initial 11 Autism cases from Kanner's Report, it is clear that the first known child to have Autism was born on 13 September 1931." - K. Heckenlively, J. Mikovits, in "Plague", 2014.

Every Human Being is Subject to Contact with Dangerous Chemicals

"For the first time in history, every human being is subject to contact with dangerous chemicals, from birth until his death. In less than two decades, pesticides synthetics have been so widely distributed, they are virtually everywhere. Their residues have been found in most river systems, and even streams underground that flow throughout the earth; where they could be applied a dozen years earlier; at body of fish, birds, reptiles and

wild animals and domestic, to the point that men of science conducting experiments on animals is almost impossible to locate beings free from such contamination.

They have been found in fish from lakes located in mountains remote, in earthworms collected in fields, in bird eggs, and in man himself, **in the milk from mothers and in the tissues of unborn children.**" - Rachel Carson's, "Silent Spring", A series of 3 articles excerpts that appeared on The New Yorker, 16, 23, 30 June1962.

Data & Statistics on Autism Spectrum Disorder

"About 1 in 54 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network." - in "Autism Spectrum Disorder (ASD)", CDC, 25 March 2020.

2016	**1 in 54**
2014	1 in 59
2012	1 in 69
2010	1 in 68
2008	1 in 88
2006	1 in 110
2004	1 in 125
2002	**1 in 150**
Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention CDC.	

"As a full-time Professional Research Scientist for 50 years, and as a researcher in the field of Autism for 45 years, I have been

shocked and chagrined by the medical establishment (trade) ongoing efforts to trivialize the solid and compelling evidence that faulty vaccination policies are the root cause of the epidemic. There are many consistent lines of evidence implicating vaccines." - Dr Bernard Rimland, PhD, Director, Autism Research Institute, Editor of "Autism Research Review International", Autism Society of America, 14 July 2003.

Swine-Flu Vaccine Side-Effects So Bad that Children were like "Schizophrenics"

"Children who developed **Narcolepsy** after being given the Swine Flu Vaccine (Pandemrix), after the **World Health Organisation in 2009 warned of an imminent Swine Flu Pandemic.**

The children were affected by **Serious Sleep-Disorder** related conditions, that some were initially thought to be suffering from Schizophrenia.

Many suffer from Cataplexy (loss of muscle tone), causing them to collapse like a puppet when experiencing extreme emotions.

They also suffer from **Sleep Paralysis**, rendering them unable to move while they experience **Hallucinations**." - Ralph Riegel, in "Irish Independent", 3 September 2018.

Vaccines and Sera

"Even if objective evidence, in reaction, sickness and death, were lacking (which it is not), that vaccines and sera can cause disease, **no very profound depth of intelligence is needed to envisage the ingenuousness of injecting the filthy products of disease into a healthy person to keep him well.** At best, such conduct is a cynical reflection on Divine Spirit and Law. Again in the British Medical Journal one medical man records 16 cases, in his own practice alone, of paralysis following preventive (!) injection of "diphtheria

antitoxin," in people who had never suffered from the disease.

The query must be urged - how many cases of paralysis, then, follow its "therapeutic" use in all the hospitals of the "civilized" world? And since paralysis is but one of its possible sequelae, the curious may speculate as to the real extent of the harm.

The cream of the joke is, of course, there's no such disease!

"Diphtheria" is the name of a symptom: Acute sore throats are evidence of Nature's healing reaction - certainly preventive by healthy living; and quickly responding to fasting. **If germs are so terrible, why do these acute so-called "infective" disorders yield so dramatically to fasting and simple elimination?**

If the germ were the relevant factor, fasting would surely be fatal. Appreciation of this point will soon close our "fever-traps."

If germs were the fearful menace the apostles of orthodoxy allege, vaccines and sera might be a logical, if flimsy defence. **But, as minds not inaccessible to truth will perceive, the healthy do not succumb.**

Disease being established, disease germs may appear.

Yet in America and England, the medical associations are striving for absolute autocracy; one object being compulsory "immunisation" against "diphtheria" and other "diseases."

As if immunisation were possible by inoculation with disease, against the disciplinary consequences of indulgent living!

A number of children were killed in Australia, quite recently, by vaccines; and a larger number in Chicago, USA. These regrettable incidents were hushed up by interested parties; and the vaccines responsible exonerated. Epidemics of cholera in India are attributed by the Medical Trade to germs. (Many varieties are described; but better counting will equate the varieties with the number of sufferers.)

And so the germs are attacked. But the educational,

economic, and religious systems, responsible for the filthy living conditions and inadequate diet that cause the disease, are allowed to remain unchallenged. Great capital has been made, by protagonists of the germ theory, out of the apparent reduction of typhoid incidence in the Great War.

True, by suppressive methods, the form of disease may be changed; but that does not arrest the disease process - of which acute illness is curative.

Statistics can be made to prove anything; but any reduction was due to improved hygiene, not to anti-typhoid inoculation, which sickened and killed enough more over, "**new diseases**", labelled: **"Paratyphoid A and B" "Trench Fever" "P.U.O.", Pyrexia (of unknown origin!)**, etc.

Where handy designations concealing the fact that the old familial consequences of unhealthy living had merely altered their name.

Pasteur was the first to misinterpret, commercialise, and exploit, at the expense of ignorant sufferers, the discoveries of wiser and better men: Bechamp, for example.

Today, Pasteur is the great false god of disease.

Pasteur was the forerunner of modern bug-factories, with millions invested, producing ludicrous and unpredictable dirt differing more in name than in kind from the preposterous concoctions of an age scarce gone.

Shiploads are sent out. A vast business of trafficking in human misery has been built up.

Behind the medical men and their hospitals is a colossal organization, profit-inspired, for making and marketing drugs, vaccines, surgical supplies, and dead foods." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

> *"There is no department of medical knowledge, which seems to me to stand so much in need of improvement, as that which relates to the operation of medicines.*
> *Even with regard to those most commonly used, it is surprising what a diversity of opinion prevails among different practitioners; and) as a necessary consequence, there is an almost equal variation in the modes and combinations in which each*

medicine is administered. Yet, it is pretty obvious, that as truth is essentially simple and constant, there must be much of error in such diversity of opinion and practice." - Dr C.J.B. Williams, MD, FRS, in "Journal of Medicine", January 1849.

"The analysis, which is published in the Journal of Clinical Epidemiology, included 154 Cochrane systematic reviews published between 2015 and 2019. Only 15 (9.9%) had high-quality evidence according to the gold-standard method for determining whether they provide high or low-quality evidence, called GRADE (grading of recommendations, assessment, development and evaluation). Among these, only two had statistically significant results." - Jeremy Howick, Director of the Oxford Empathy Programme, University of Oxford, in "Only one in ten medical treatments are backed by high-quality evidence", The Conversation, 2 September 2020.

Antibiotics on 1st Year of Life Significantly Increase Incidence of Asthma

"Scientists analysed the stools of 3 months old infants. They observed that the babies with a higher risk of asthma presented lower levels of 4 bacteria (Faecalibacterium, Lachnospira, Veillonella, Rothia, FLVR) in their faeces samples in comparison with the infants who did not show any symptoms. "Asthma is really on the rise throughout the world in developed countries. There is a lot of evidence that the microbiota may actually play a role in this because of things such as a Caesarean section versus a vaginal delivery increases your risk of asthma; breastfeeding decreases; antibiotics in the first year of life significantly increase incidence; having a pet or living on a farm decrease it." - Brett Finlay, microbiologist UBC, in "Four types of gut bacteria may protect children against asthma risk", Gut Microbiota for Health, 25 November 2015.

Antibiotic Use Before Age 2 Risks of Childhood-Onset of Asthma, Allergic Rhinitis, Celiac Disease, Attention Deficit Hyperactivity Disorder ADHD

"To investigate the extent to which antibiotic exposure in the first 2 years of life is associated with the risk of Immunological, Metabolic, and Neurobehavioral health conditions with childhood onset.

This study included 14,572 children (7026 girls and 7546 boys), of whom 70% (10,220) received at least 1 antibiotic prescription during the first 2 years of life.

Early Antibiotic Exposure was Associated with an Increased Risk of Childhood-Onset:

1. Asthma.
2. Allergic Rhinitis.
3. Atopic Dermatitis.
4. Celiac Disease.
5. Overweight.
6. Obesity.
7. Attention Deficit Hyperactivity Disorder (ADHD).
(hazard ratios ranging from 1.20 to 2.89; P<.05 for all).

The associations were influenced by the number, type, and timing of antibiotic exposure.

Moreover, children exposed to antibiotics had a higher probability of having combinations of conditions, particularly when given multiple prescriptions.

The present study finds significant associations between early life antibiotic exposure and several distinct health conditions with childhood onset." - Dr Zaira Aversa, MD, Dr Elizabeth J. Atkinson, MS, Dr Marissa J. Schafer, PhD, Dr Regan N. Theiler, MD, Dr Walter A. Rocca, MD, Dr Martin J. Blaser, MD, Dr Nathan K. LeBrasseur, PhD, in "Association of Infant Antibiotic Exposure With Childhood Health Outcomes", Mayo Clinic Proceedings, 15 November 2020.

Changes In The Gut Bacteria Affect The Nervous System

"A study by the University of Córdoba, Spain "Lipopolysaccharide Binding Protein and Oxidative Stress in a Multiple Sclerosis Model" 2017, describes how an alteration in the gut microbiota is associated with the development of relapsing-remitting multiple sclerosis.

Blurred or double vision; numbness in the arms, legs, or face; problems with balance when walking.

These are some of the first symptoms of Multiple Sclerosis (MS).

They were able to trace the process by which changes in the gut barrier set off an inflammatory process that ends up affecting the nervous system and causing neurological damage." - in "New links between gut microbiota and multiple sclerosis", Gut Microbiota for Health, 14 June 2017.

Antibiotics, Stress & Diet Influence Multiple Sclerosis

"The type of intestinal flora is affected by:

1. Antibiotics.
2. Stress.
3. Diet.

According to Ochoa-Reparaz et al., intestinal flora may affect the pathogenesis of Multiple Sclerosis (MS), as changes in the gut microbiome lead to an irregular immune response, in both the colon and distal regions of the immune system, that is, the Central Nervous System (CNS).

Specific bacterial antigens, such as Polysaccharide A (PSA) from Bacteroides fragilis, mediate the migration of the CNS, indicating a substantial interaction between the intestinal mucosa and the brain.

These observations suggest that the population of effector cells and regulatory cells involved in the pathogenesis of MS

in humans may be associated with the lymphoid tissue of the gut. Riccio and Rossano reported that diet can influence the severity of MS in both relapsing-remitting MS and primary progressive MS.

The Effect of Diet on Gut Flora

Diet can have an impact on symptoms of MS by controlling metabolic processes, inflammatory cells, and the composition of commensal intestinal microflora.

Increased permeability of the intestinal barrier can lead to cross-reactivity between proteins.

A diet high in animal fat, red meat, sugar sweetened beverages, carbohydrates, and fiber, in addition to a lack of physical activity, may increase symptoms, as these all influence metabolism and can lead to dysbiotic intestinal microflora, low-grade systemic inflammation, and increased permeability of the intestinal barrier.

A low calorie diet of vegetables, fruits, legumes, fish, prebiotics, and probiotics can reduce symptoms by maintaining a healthy intestinal microflora symbiosis.

Burkitt first described the potential protective effect of diet on bowel disease.

While working in Africa in 1960, he noticed a remarkable lack of non communicable diseases in the native Africans who consumed the traditional diet, which was rich in fiber.

The reduction in the amount of microorganisms in the intestine is most likely to be an adverse effect of globalization, which leads to the consumption of generic, nutrient-rich, uncontaminated food. Both in the Western world and in developing countries, a diet high in fat, protein, and sugar and low in absorbable fibers is associated with a rapid increase in the incidence of non infectious intestinal diseases.

The intestinal flora of children from non urban areas of Africa is rich in species, including Prevotella and Xylanibacter, which break abundant fiber.

The resulting distribution of short-chain fatty acids in the flora has immunomodulating properties, which may explain

the lower incidence of autoimmune diseases and asthma in these environments.

The relationship between the CNS, immune system, and gut microflora is associated with the development of MS.

Possible interactions between the intestinal microflora and immune system can be examined by altering the endocannabinoid system to understand the interactions in the brain gut axis." - Monika Adamczyk-Sowa, et. al., in "Does the Gut Microbiota Influence Immunity and Inflammation in Multiple Sclerosis Pathophysiology?", Journal of Immunology Research, 20 February 2017.

Too Many Unnecessary Vaccinations

"American infants and children are recommended to receive 14 different vaccines, administered in a whopping 49 doses, all before age 6. Forty-nine!

Many of the required vaccines are absolutely unnecessary.

Hepatitis B, which is given hours after birth, is transmitted primarily by sexual contact or dirty needles.

Why in the world would newborns of healthy moms need such a vaccine?

And tetanus (lockjaw) isn't even contagious, it's usually contracted through deep wounds with contaminated objects.

The annual flu vaccine, which kids are supposed to get at 6 months, is also terribly overrated.

The Centers for Disease Control (CDC), have long maintained that 36,000 Americans die of the flu and its complications every year.

But that's simply not true, it's only their frightening, estimate.

Actually, the number is considerably lower, and most of these fatalities occur in older people with other health problems." - Dr Julian Whitaker, MD, in "The Truth About Vaccinations", Dr Julian Whitaker's Health & Healing, December 2009.

17 Vaccines First 6 months of a New Born Baby

Vaccines given during the first 6 months of life, according to the CDC's childhood vaccine schedule, include;

3 Doses Each of: HepB, DTaP, PCV13, IPV.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos
Hepatitis B - HepB	1st dose	2nd dose			3rd dose
Rotavirus RV: RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	
Diphtheria, tetanus, acellular pertussis - DTaP <7 yrs)			1st dose	2nd dose	3rd dose
Haemophilus influenzae type b - Hib			1st dose	2nd dose	
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	3rd dose
Influenza (IIV)					Annual vaccination 1 or 2 doses

- in "Recommended Child and Adolescent Immunization Schedule", CDC, 2020.

Changes in Rates of Autism Incidence

"Autism, has been increasing dramatically since its description by Leo Kanner in 1943.

First estimated to occur in 4 to 5 per 10,000 children, the incidence of autism is now 1 per 110 in the United States, and 1 per 64 in the United Kingdom, with similar incidences throughout the world.

1. In 2004, the flu vaccine containing Thimerosal was recommended for all children 6–23 months old in the United States. In addition, flu vaccination during all trimesters of pregnancy is now universally recommended in the United States. Most flu vaccines contain Thimerosal, despite its implication in autism. (The flu vaccine still contains Thimerosal with mercury, and is recommended for all children and pregnant mothers, every year)
2. The increase in autism incidence began about 1988–1990.
3. The new version of the measles, mumps, rubella vaccine (MMR II) that did not contain Thimerosal was introduced in 1979. Autism in the United States spiked dramatically between 1983 and 1990 from 1/2500 to 1/500.
4. In 1988, 2 doses of MMR II were recommended to immunize those individuals who did not respond to the first injection. A spike of incidence of autism accompanied the addition of the second dose of MMR II.
5. In 1988, MMR II was used in the United Kingdom, which reported a dramatic increase in prevalence of autism to 1/64. Canada, Denmark, and Japan also reported dramatic increases in prevalence of autism."
6. The current recommended immunization schedule in the United States includes 6 vaccines at 2 months.

The immune system is particularly sensitive at 2 months of age. The immune system of an infant is compromised at 2 months. A challenge by so many vaccines while the immune system is compromised might contribute to an onset of autism.

Medications

Medications may also be implicated in autism.

In 1994, the use of thalidomide by the mother provided an environmental contributor to autism (Strömland et al., 1994).

Most of the thalidomide victims with autism had anomalies in the external part of their ears but no malformations of the arms or legs.

This pattern indicated that the subjects had been injured very early in gestation, 20–24 days after conception (Landrigan, 2010).

Because motor neurons develop at the same time as the external ears, one might predict that the thalidomide victims with autism would also suffer from dysfunctions of the cranial nerves.

The Strömland study confirmed this prediction.

All subjects with autism had abnormalities of eye movement or facial expression, or both. It is probable that the nerve dysfunctions in people with autism reflect an early brain injury that not only affects the cranial nerves but also has secondary effects on later brain development.

Many cases of autism are initiated very early in gestation.

Other medications used in early pregnancy are associated with autism (Landrigan, 2010).

For example, Misoprostol, a prostaglandin analogue used for prevention of gastric ulcers and in some countries as an abortifacient, was associated with autism following unsuccessful abortion attempts.

Acetaminophen has also been suggested to cause autism (Schultz et al., 2008; Schultz, 2010).

Children given acetaminophen after the MMR II vaccine were significantly more likely to become autistic." - Dr Helen V Ratajczak, BS, MS, PhD, in "Theoretical aspects of autism: Causes - A review", Journal of Immunotoxicology, 2011.

Vaccination

"McFarland has reported 95 cases of tetanus following vaccination, nearly all of which occured in 1 year (Practice of Medicine", Osler, 1912). The case of Valentine McGrath, who a few days after vaccination showed symptoms of tetanus, according to the physician who was first called, and who died with locked jaw, convulsions and opisthotonos (individual's head, neck and spinal column enter into a complete "bridging" or "arching" position), according to the statement of the parents, is surely an example.

A specimen of the child's arm was sent to me and a thorough bacteriological examination revealed B. tetani. Cultures of this organism, when inoculated into rabbits and guinea pigs, resulted in death with symptoms of tetanus.

The following diseases have resulted from vaccination:

1. Uticaria,
2. Erythema multiferme,
3. Vesicular and bullous eruptions,
4. Roseola, like Measles;
5. Erythema, like scarlet fever;
6. Purpura,
7. Generalized vaccinia (condition that occurs 6–9 days after vaccination, generalized eruption of skin lesions),
8. Eczema,
9. Psoriasis,
10. Contagious impetigo,
11. Syphilis,
12. Leprosy,
13. Tuberculosis,
14. Erysipelas,
15. Cellulitis,
16. Furunculosis,
17. Gangrene,
18. Pyemia,
19. Tetanus,
20. Foot and mouth disease.

The following diseases, taken from the Report of the Surgeon General of the Army to the Secretary of War, 30 June 1900. Pages 204-208:

1. Neuritis,
2. False ankylosis,
3. Lost sensation,
4. Paralysis,
5. Synovitis,
6. Axillary abscess,
7. Septicemia, and
8. Tetanus.

That death from vaccination is not as infrequent an occurrence as pro-vaccinationists would have us believe, anyone who investigates may surely know For reasons which we can all understand, few medical doctors report such cases.

"The report of the Registerer General for England and Wales", shows that from 1881- 1901 (Vols. XLIV-LXII) and 1902 nearly one thousand deaths (1,000) are recorded as directly due to vaccination."

Another danger of vaccination is that it may render the individual less resistant to other infectious diseases, even variola itself. This is due in part to the anaphylaxis, or increased susceptibility caused by the inoculation, and in part to the invasion of the body by pyogenic bacteria or their toxins, or both, and is characterized by febrile symptoms.

Why Medical Men Believe in Vaccination

Many factors involved in the answer:

1. Doctors of any school are too prone to accept the teachings of their school without actual and exhaustive study on their own part; it is the way of least resistance;
2. The mercenary factor;
3. They have not had the necessary bacteriological training to understand its lack of scientific consistency;

4. That the sense of pride one has in his own good judgment forbids that he, after having been convinced or having found by chance that his ideas were erroneous, should publicly acknowledge such error;

5. Because the chief source of information on vaccination and serum therapy of the average physician consists of the pamphlets of the manufacturer, which of course gives only one side of the question;

6. The fear of criticism from other Medical men or general unpopularity.

I know two good bacteriologists now teaching in medical schools who think just as I do about vaccination, but do not dare to express their views.

Of all these reasons, I believe the most dominant are lack of information, from not having studied both sides of the question, and fear of criticism and unpopularity.

It is interesting to note the various methods, theories and excuses used by pro-vaccinationists in explaining why certain vaccinated persons contract variola.

Some hold that the immunity has run out and no one is so bold as to assert positively, within ten years of the length of time one is immune. McFarland in "Pathogenic Bacteria and Protozoa Pathogenic Bacteria and Protozoa", 1911, p. 111, states that some individuals are susceptible to variola, but not susceptible to vaccina, therefore they are not immunized by vaccination.

On the other hand, the converse of this statement is also true, that some individuals are susceptible to vaccinia and not susceptible to smallpox.

I myself once unknowingly slept with an individual, sick with smallpox, and later had charge of a pest-house where I dressed the eruptions of several patients daily.

Some weeks after this I was vaccinated with (according to the doctor's statement) a successful "take."

I was therefore seemingly immune to smallpox but susceptible to vaccinia." - Dr J. Deason, MS, DO in "Journal al of the American Osteopathic Association", December 1912.

Oxford University Covid19 Vaccine Side Effects

"When we were doing vaccine development with our coronavirus effective vaccine we'd used 3 different doses in those clinical studies, **and we saw immune responses to all of them, a small proportion the participants do have a short-lived fever immediately after vaccination within the first 48 hours, and it's very predictable in terms of the time and as with any vaccine, other adverse events after vaccination or tenderness or some pain at the injection site mostly mild in most participants and fatigue**." - Oxford University's Sarah Gilbert on Potential Vaccine Side Effects, in "Bloomberg Prognosis: How Covid-19 is Reshaping the Global Healthcare Ecosystem", Bloomberg Live, 13 August 2020.

> ***"Poison inhaled will produce fevers located in the chest, as pleurisy, lung fever, etc., the reason being that sensory and its corresponding motor make a complete circuit by way of the brain, returning to the same tissue. This intelligently explains the how and why some fevers are contagious and run in epidemics. They are contagious so far as foreign substance produces a specific cause in the body which manifests fever effects.*** *(see: "Cycles", The Science of chiropractic, Vol. 5, 1920)" - Dr B. J. Palmer, DC, in "The Science of Chiropractic, Its Principles and Philosophies", 1920.*
>
> *"My small practice spent more than $130,000 last year on vaccines. My card has a 2% rebate for all purchases, generating a $2,600 return to the practice. The rotavirus vaccine, because it is oral, is coded separately with 90474. The total reimbursement is $125 [per vaccine visit], well-child exam. Note that there are 5 total components to the DTaP/IPV/Hep B vaccine: three in DTaP (diphtheria, tetanus, pertussis) plus one for IPV and one for Hep B. Because the counseling codes pay per component, the total reimbursement is $300 [per vaccine visit] – an extra $175 [per vaccine visit] for providing brief*

counseling. However, with a bit of additional work on my part, an extra $175 [per vaccine visit] is available to us. Knowing this, I now schedule a short vaccine-counseling visit with the parents instead of the nurse visit. I review the risks and benefits of the vaccines as I did at the 2 and 4 month visits and then, receive the higher reimbursement." - Dr Jamie Loehr, MD, in "Immunizations", Family Practice Management, Mar-Apr 2015.

Lockdowns, Social Distancing And Vaccines Which Have Been The Most Injurious to the Public and Not Suited to Science

Prof. Dr. Sucharit Bhakdi, MD is a medical doctor and specialist in microbiology and infection epidemiology. He headed the Institute for Medical Microbiology and Hygiene at Johannes Gutenberg University Mainz for over 22 years.

He is probably the most-cited medical researcher in Germany. His research activities span the fields of immunology, bacteriology, virology and cardiovascular diseases. He and his team have received national and international awards in all areas. He was awarded the Order of Merit of the State of Rhineland-Palatinate. Dr Sucharit Bhakdi is a monument in the field of microbiology, he has worked, studied and published research in this field for more than 30 years. Anyone studying microbiology has at some point to read the published work research of Dr Sucharit Bhakdi, there is much in English and the vast majority of his work is in the German language.

The following is an excerpt of and interview to Fox News:

"**Laura Ingraham** - Dr. Sucharit Bhakdi, for all these policies lockdowns, social distancing, which in your view has been the most injurious to the public and not suited to the science?

Dr. Sucharit Bhakdi - The looming vaccination!

Laura Ingraham - But on the social distancing and the masks, which of those two in your research and your work has been the most displaced?

Dr. Sucharit Bhakdi – Both!

Laura Ingraham - Both have, not not at all backed up by the science?

Dr. Sucharit Bhakdi - Zero science!

Laura Ingraham - So why why are they pushing this, if zero science?Ii mean they'll show videos of people coughing through masks, and without masks, and it's terrifying people here in the country.

Dr. Sucharit Bhakdi - This is something that we, and when I say we, it's hundreds, and thousands of people are standing up to say: Please all of you sit down, and think about this, read up on this and then make up your own mind. Don't believe things that people are telling you think for yourself and come to your own conclusions that is why we wrote this book (Corona, False Alarm? Facts and Figures, 2020). All the arguments they are telling you, such as why and what you are doing, is absolutely nonsense, go and read and think.

Laura Ingraham - And doctor on the issue of the vaccine, tonight Anthony Fauci on this network, actually said that 75% of Americans are going to have to get vaccinated to reach what they call herd immunity. Do you buy that?

Dr. Sucharit Bhakdi - What utter nonsense! I know that Dr Fauci is a renowned medical scientist and immunologist but what he says has to be wrong and this is also what we have taken great lengths to explain in the book. Someone

who says this has not the slightest inkling of the basics of immunology, and this is very surprising for someone of Dr Fauci standing and I would dare to defy him anywhere in the world at any time.

Laura Ingraham - You believe that the Covid vaccine is not necessary?

Dr. Sucharit Bhakdi - I think it's downright dangerous, and I warn you if you go along these lines you are going to go to your doom, and it's so unnecessary." - in "Interview with Prof. Dr. Sucharit Bhakdi, MD", Fox News, 2 December 2020.

Lockdown Stress A Risk Factor for Serious Illness

"Dysregulation of the system, caused by the cumulative burden of repetitive or chronic environmental stress challenges (allostatic load) contributes to the development of a variety of illnesses including hypertension, atherosclerosis, and the insulin-resistance–dyslipidemia syndrome, as well as certain disorders of immune function.

The brain's limbic system, particularly the hippocampus and amygdala, is also intimately involved in the stress response. Chronically elevated corticosteroid levels induced by persisting stress may adversely affect hippocampal structure and function, producing deficits of both memory and cognition.

The ability of stress to cause illness in humans is most clearly exemplified by Post-Traumatic Stress Disorder (PTSD), which consists of a predictable constellation of distressing behavioural symptoms and physiological features.

Stress has been shown to hamper control of both type l and type 2 diabetes mellitus. It has been implicated in precipitation of Grave's disease and exacerbation of multiple sclerosis. Fibromyalgia, chronic fatigue

syndrome, and myofascial pain syndrome as well as rheumatoid arthritis are all associated with the type of stress system dysregulation that is characterized by a decrease in stress system activity.

Patients with fibromyalgia have been found to have an impaired ability to activate the HPA axis as well as the sympathoadrenal system." - Theodore B. VanItallie, in "Stress: A risk factor for serious illness", Metabolism, July 2002.

"Depression, anxiety, anger, hostility, major life change events, and especially job stress have all been linked to increased coronary events and deaths in scientific studies." - *Paul J. Rosch, in "Cholesterol does not cause coronary heart disease in contrast to stress", Scandinavian Cardiovascular Journal, 2008.*

"The importance of Acute Mental Stress as a trigger for cardiac catastrophes (Acute Myocardial Infarction AMI, Sudden Death SD), and of depressive illness as a cause of Coronary Heart Disease CHD, is now firmly established." - *Murray Esler, et al., in "Mental Stress is a Cause of Cardiovascular Diseases: from Scepticism to Certainty", Stress and Health, 9 July 2008.*

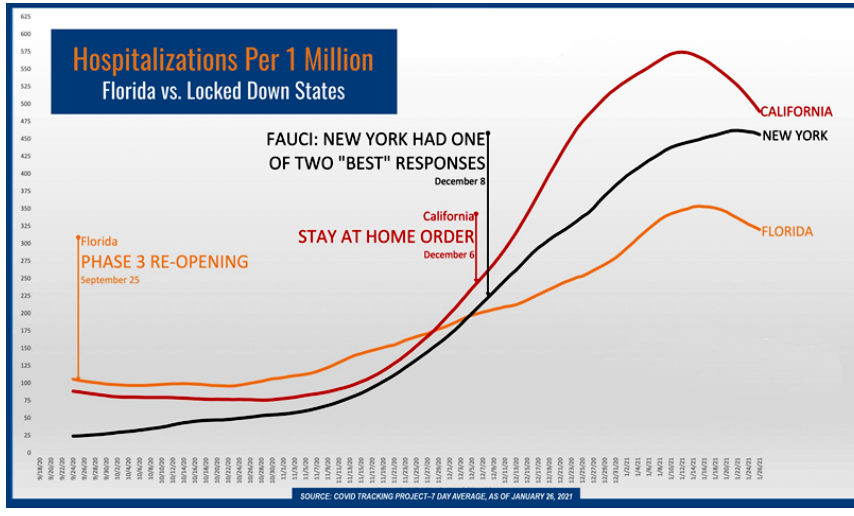
Stress Symptoms Effects on Body, Mood and Behaviour

On Body	On Mood	On Behaviour
Headache	Anxiety	Overeating or undereating
Muscle tension or pain	Restlessness	Angry outbursts
Chest pain	Lack of motivation	Drug or

On Body	On Mood	On Behaviour
	or focus	alcohol misuse
Fatigue	Feeling overwhelmed	Tobacco use
Change in sex drive	Irritability or anger	Social withdrawal
Stomach upset	Sadness or depression	Exercising less often
Sleep problems		

- in "Stress symptoms: Effects on your body and behavior", Mayo Clinic, 4 April 2019.

Florida
Less Lockdowns Less Deaths



Source: Covid Tracking Project-7 Day Average as of 24 January 2021

Florida has outperformed lockdown states like California and New York on all metrics.

Florida has a similar climate to California.

Florida has a greater elderly population than California.

The State of Florida has avoided as much as possible lockdowns.

South Dakota
The No Lockdown State

"More than 10 million people had been lifted out of poverty, and out of welfare. All that changed in March 2020.

Most governors shut down their states.

What followed was record unemployment, businesses closed, most schools were shuttered, and communities suffered, and the US economy came to an immediate halt.

Now let me be clear Covid didn't crush the economy. Government crushed the economy, and then, just as quickly government turned around and held itself out as the saviour, and frankly the Treasury Department can't print money fast enough, to keep up with Congress wish list.

But not everyone has followed this path, South Dakota is the only state in America, that never ordered a single business, or church to close.

We never instituted a shelter in place order, we never mandated that people wear masks, we never even defined what an essential business is.

Because I don't believe that Governors have the authority to tell you, that your business isn't essential.

In South Dakota, I provided all of the information that we had to our people, and then I trusted them to make the best decisions for themselves for their families, and in turn their communities. We never focused on the case numbers, instead we kept our eye on hospital capacity.

Dr Anthony Fauci, MD he told me that on my worst day I would have 10,000 patients in the hospital.

On our worst day we had a little over 600. I don't know if you agree with me, but Dr Fauci is wrong a lot.

Even in a pandemic public health policy needs to take into account people's economic and social well-being.

Daily needs still need to be met, people need to keep a roof over their heads, they need to feed their families, and they still need purpose, they need their dignity.

My administration resisted the call for virus control at the expense of everything else, we looked at the science, the data, and the facts.

And then, we took a balanced approach. Truthfully I never thought that the decisions that I was making were going to be unique, I thought that there would be more who would follow basic conservative principles, but I guess I was wrong. Ask yourself this question:

How far will people go to enforce mass mandates once you start lockdowns? How long can you sustain them?" - Kristi Noem, Governor of South Dakota, in "CPAC speech", 27 February 2021.

Aspirin, Paracetamol and Acute Liver Failure

"Acetaminophen (also known as Paracetamol) overdose is the leading cause for calls to Poison Control Centers.

Although acetaminophen was approved for use in the 1950s, **Hepatotoxicity** (chemical-driven liver damage) leading to liver failure was not recognized in significant numbers in the United States prior to 1980. At that time, Acetaminophen was well recognized as a significant Hepatotoxin in the United Kingdom. With the discovery linking aspirin to **Reye's Syndrome** in children reported between 1982 and 1987, Americans turned to acetaminophen as a safer alternative for children and adults." - William M. Lee in "Hepatology", July 2004

> *"**Hepatotoxicity** (from hepatic toxicity) implies chemical-driven liver damage. Drug-induced liver injury is a cause of acute and chronic liver disease caused specifically by medications." - in Wikipedia 2021*
>
> *"**Reye Syndrome** is a rapidly worsening brain disease. Symptoms may include vomiting, personality changes, confusion, seizures, and loss of consciousness. Liver toxicity typically occurs. Death occurs in 20–40% of those affected and about 1/3 of those who survive are left with a significant degree of brain damage." - in "Reye Syndrome", Wikipedia, 2021.*

"Generally the medicines they use to arrest disease, instead of hindering the progress of the microbes, actually give them additional food. I have proven this scores of times by placing a little fermentation of some kind in their medicines. The microbes of the fermentation actually lived and propagated in the very medicine that was supposed to cure the disease they caused. Antiseptic drugs fail because they are harmful." - William Radam, in "Microbes and the microbe killer", 1895.

The Non-Polio Acute Flaccid Paralysis

"Our findings suggest that the increase in The Non-Polio Acute Flaccid Paralysis NPAFP (and the later decrease in such cases) was indeed **an adverse effect of the pulse polio immunization programme.**

This increase in NPAFP was noticed only because of excellent surveillance methods, the meticulous recording of data, accurate pooling of the figures nationally and making it available in the public domain - the **491,000 additional cases of paralysis would not have been noticed otherwise**." - in "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India", International Journal Environ Research and Public Health, 15 August 2018.

Covid-19 Vaccine Adverse Events

"Moderna's coronavirus disease 2019 (COVID-19) vaccine showed: **Injection-site solicited adverse events**, mostly grades 1 and 2, occurred in more than **80% of patients in the vaccine group following both doses.** Solicited systemic adverse, with **54.9% of patients in the vaccine group reporting such events following the first dose,** and **79.4% reporting the events following the second dose**." - in "Moderna Vaccine Study Data Shows 94.1% Efficacy; Serious Side Effects Rare", Contagion Live, 11 January 2021.

The Vaccine Business

"Dr Juan Gérvas, MD, a retired Public Health Professor at the University of Valladolid, University Autónoma of Madrid, Johns Hopkins University (USA), and author of the book; **"Safe and Sound: And Free From Unnecessary Medical Interventions"**, 2013 a book that collects the best of scientific knowledge, and his own clinical experience to warn us of the side effects of excess medication, treatments, vaccines, check-ups.

Medical care in the USA causes 225,000 deaths annually.

In Spain, Medication produces 19 Million adverse effects per year, and cause 6,500 patients death.

It has also been shown, in the case of Israel, that when Doctors go on strike, deaths decrease by 45%.

Hormone Replacement Therapy in women, causes Heart Attacks, Strokes, and Breast Cancer (55,000 new cases in the UK).

Today it is diagnosed earlier, and more, but mortality is the same. Early diagnosis does not improve the diagnosis of death.

It produces something terrible: hordes of survivors, for example cancer, **who live longer with the diagnosis, but do not live any longer.**

Breast examination; does not decrease mortality, but it double biopsies. Cervical cancer does not decrease by doing Pap tests (Cervical Screening), but 10 Million Cervical Screening are still done every year in Spain.

In the complex world of interests, there are proposals for interventions without justification, that harm the population with diagnostic tests, and consequent treatments.

During the influenza A pandemic they vaccinated the Swedish population (the theoretical benefit was 50 fewer deaths) and produced 200 cases of Narcolepsy (chronic neurological disorder that affects the brain's ability to control sleep-wake cycles) in adolescents.

There are necessary vaccines, but others such as influenza, human papillomavirus, pneumococcus, rotavirus or chickenpox are pure business.

Washing your hands greatly decreases the transmission of the flu, and 40% of doctors and nurses do not.

But the Flu Vaccine does not reduce contagion or deaths, it is not effective in healthy people or in people over 65 years old, "The Lancet", published it.

Older people are crammed with pills, as if being old were a disease, and that detracts from their quality of life and often kills them.

Don't measure your cholesterol, be happy, because being happy and optimistic adds 8 years to life.

Too many ultrasounds, and they are not justified, **the USA, which is the most interventionist country, and the one that spends the most money on childbirth care, has tripled its mortality.**

A CT Scan is 750 X-Rays in an adult, and twice that in a child. The radiation received by the population of Japan in World War II is equivalent to 5 CT Scans. Be careful with the checks!" - Dr Juan Gérvas, MD, in "The Rich Fie From Too Much Medical Care", La Vanguardia, 7 February 2013.

"Although most influenza infections are self-limited, few other diseases exert such a huge toll of suffering and economic loss.

Despite the importance of influenza, there had been, until recently, little advance in its control since amantadine was licensed almost 40 years ago. There have been many new developments in vaccine technology.

Moreover, **work on viral neuraminidase** has led to the **licensing** of potent selective antiviral drugs, and **economic decision modelling provides further justification for annual vaccination** and a framework for the use of neuraminidase inhibitors.

Progress has also been made on developing near-patient testing for influenza that may assist individual diagnosis or the recognition of widespread virus circulation, and so optimise clinical management.

The contrast between recent cases of H5N1 infection, associated with high mortality, and the typically mild, self-limiting nature of human infections with avian H7N7 and

H9N2 influenza **shows the gaps in our understanding into pandemic influenza.**

From the limited information available, conventional influenza vaccines seem not to be sufficiently immunogenic in a pandemic situation and 2 doses in conjunction with an adjuvant may be needed.

Different dosing strategies with various influenza-virus subtypes should be investigated so a robust strategy can be de**veloped.**

WHO has recently prepared draft guidelines for use of both vaccines and antiviral drugs during a pandemic; they emphasise the need to stockpile drugs.

As with vaccines, there are gaps in our knowledge as to how antiviral drugs should be used.

Research is urgently required to ensure effective use of both vaccines and drugs in response to an emerging pandemic." - Dr Karl G Nicholson, MD, Maria Zambon, PhD, et al., in "Influenza", The Lancet, 22 November 2003.

Conflict of Interest Statement

KGN: has received fees or honoraria from Roche Pharmaceuticals, Wyeth, and Berna Biotech for speaking at meetings on influenza; research has been supported by Chiron Vaccines, Aventis Pasteur, Wyeth, and Berna Biotech. Solvay and Berna Biotech have provided H9 avian influenza viruses free of charge for a project on candidate pandemic vaccines.

MZ: has received honoraria from Berna Biotech to speak at pharmaceutical-industry conferences on influenza and has been supported in attendance at an international WHO workshop on virus neutralisation sponsored by GlaxoSmithKline. The Health Protection Agency has received funding from Chiron Vaccines, Wyeth Vaccines, Aventis Pasteur, Roche, and GlaxoSmithKline, to carry out analytical work on a contractual basis in MZ's laboratory.

Role of the funding source

We received no funding in relation to this seminar other than a small payment from **The Lancet.**

The Position that Vaccines do not Cause Autism is Not a Sustainable Position

"Most individuals with Autism Spectrum Disorder (ASD) are not born with ASD as a fixed genetic condition.

The causes of the condition are going to be found to be reversible for many, if not most with ASD's.

Roberts found a diversity of pollutants increased in the serum of autistics. This is consistent with the break-down of cellular detoxification caused by Endoplasmic Reticulum (ER) hyper stress.

Numerous studies have found association of ASD and other Neurodevelopmental Disorders (NDDs), and psychological disorders with a bewilderingly large number of environmental toxins.

Studies have found increased rates correlation with a variety of exposures.

The evidence for a role for a diversity of environmental toxins is overwhelming, and includes:

1. Thalidomide [Contergan, Thalomid, etc...].
2. Valproic acid [forms are Medications].
3. Mercury [In Medications, and in Dentistry].
4. Air pollution.
5. Aluminum Vaccine Adjuvants .
6. Coproporphyrin [Toxaemia].
7. Chlorpyrifos **[insecticide].**
8. Glyphosate **[herbicide, Roundup].**
9. Phthalates [substances added to plastics].
10. PBDEs **[flame retardants].**
11. PCBs [organic chlorine compound].
12. Electromagnetic frequencies.
13. Industrial chemical.
14. Acetaminophen Exposure after Vaccination.

The Numerous studies have revealed that metal toxicity is increased in individuals with ASDs.

At a societal level, **vaccine risk denialism exists and persists** due to the lack of ability to identify those most at risk. **It is not a sustainable position.**

The position that vaccines do not cause autism is due to misuse of the results of studies that have failed to detect association at the population level.

Such studies are not designed to and therefore cannot rule out specific risk for any individual, and not in a heterogeneous genetic minority.

It must be recognized that encephalopathies induced in some by vaccines can be variously characterized as "channelopathies", "mitochondrial dysfunction", etc., that then give rise to the ASD phenotype as neuronal and glial toxicity, and excitotoxicity accelerate.

This means that vaccines may cause autism and Attention Deficit Hyperactivity Disorder (ADHD) in some people.

Mandates for vaccinations are not ethical, as the condemn with certainty a minority of individuals to pain and suffering.

Much additional published research is consistent with the Vaccine / Autism hypothesis." - James Lyons-Weiler, in "Autism is an Acquired Cellular Detoxification Deficiency Syndrome with Heterogeneous Genetic Predisposition, Autism Open Access, 2018.

"Dr Joseph Skoda, Teacher of Clinical Medicine in the Hospital of Vienna, went so far as to say:

> ***"We can diagnose disease, describe it and get a grasp of it, but we dare not expect by any means to cure it."***

In such a temper drugs of unknown physiological action cannot conscientiously be set to act upon bodily tissues in disease in which we are ignorant of the deviations from the normal of the chemical and physical processes going on in the cells.

The death blow came first to polypharmacy; today, with many physicians, pharmacotherapy, as a whole, is almost moribund.

Ask the prescription chemist how his work now compares with that of 15 or 20 years ago.

He will tell you that he is lucky if he fills 10 recipes today, where he formerly filled a hundred.

The druggist in the village or small town may still receive an occasional prescription which orders 10 or 15 varieties of herbs, but the fine old concoctions know to our fathers have almost entirely disappeared.

It is seldom in this day that more than 1 or 2 drugs are prescribed at one time and these too often because "the patient must have something."

A dozen drugs altogether suffice for the pharmacotherapeutic armamentarium of some of the most eminent physicians on this continent.

The reaction against the use of drugs, together with the development of the expectant method of treatment, permitted of a more accurate study of the natural cure of the disease than was before possible." - in "Johns Hopkins Hospital Bulletin", 1900.

> ***"The main reason we take so many drugs is that drug companies don't sell drugs, they sell lies about drugs."*** *- Dr Peter Gotzsche, MD, in "Deadly Medicines and Organised Crime", 2013.*

Chapter 4

Ménière's Disease

What is Ménière's disease?

"Ménière's disease is a disorder of the inner ear that causes:

1. Vertigo: Severe Dizziness,
2. Tinnitus: Ringing in the ears,
3. Hearing Loss,
4. Feeling of fullness, or congestion in the ear.

Attacks of dizziness may come on suddenly or after a short period of tinnitus or muffled hearing. Some people will have single attacks of dizziness separated by long periods of time. Others may experience many attacks closer together over a number of days. Some people with Ménière's disease have vertigo so extreme that they lose their balance and fall.

These episodes are called "drop attacks."

Ménière's disease can develop at any age, but it is more likely to happen to adults between 40 and 60 years of age.

The National Institute on Deafness and Other Communication Disorders (NIDCD) estimates that approximately 615,000 individuals in the United States are currently diagnosed with Ménière's disease and that 45,500 cases are newly diagnosed each year." - in "Ménière's Disease", National Institute on Deafness and Other Communication Disorders, NIH, 13 February 2017.

The Criteria for Meniere's Disease

"The criteria for definite Meniere's disease consist of:

1. Two or more definitive spontaneous episodes of vertigo lasting 20 minutes or longer;
2. Audiometrically documented hearing loss on at least one occasion;
3. Tinnitus or aural fullness;
4. The exclusion of other causes.

Probable Meniere's disease requires only 1 episode of vertigo along with the 3 other criteria. Possible Meniere's disease requires that other causes be excluded while consisting of either episodic vertigo of the Meniere's type without associated hearing loss or sensorineural hearing loss, fluctuating or fixed, with chronic disequilibrium." - Dr S. Agrawal, MD, Dr L. Parnes, MD, in "Ototoxicity", 2004.

Vitiligo

"**Vagotonia** - The vagotonic type of person is reserved and cold-blooded, and has a slow pulse, hypotension, contracted pupil, deep, closely set eyes, a cool pale skin which sweats easily and patchily and clammy hands and feet.

He is subject to: Hyperchlorhydria, Spastic Colon; Low Blood Sugar, Hyperinsulinemia; Calcium Deficiency; Chronic anaphylactic states, Hay-fever, Asthma, Angioneurotic Edema, Urticaria; Migraine and Epilepsy and **Vertigo**." - Dr C. W. Lueders, MD in "Archives of Internal Medicine", August 1928.

Tinnitus

"What causes tinnitus?: Whilst we do not know the exact answer to what causes tinnitus, we know that it is not a disease or an illness. It is generally agreed that tinnitus results from some type of change, either mental or physical, not necessarily related to hearing." - in "All About Tinnitus", British Tinnitus Association, 1 June 2020.

Tinnitus Aurium

"I want help in my case. Have not been able to do anything since the 1st of June. In May had a general breakdown, both mental and physical. Lay for 4 weeks with what four physicians called "nervous prostration."

Since I have been up, I suffer all the time with nervousness, tinnitus aurium, dizziness, and even feel that my head is 4 times larger than it really is.

After eating have vertigo; headache (frontal) nearly all the time. Head symptoms all cease when I lie down.

Have at times severe pulsation In the region of the stomach. Pulse Irregular sometimes; weak at all times.

Never have had any trouble with breathing. Back of neck and shoulders sometimes ache. Sometimes stomach burns.

I have a perfect dread that something is going to happen, and to save my life I can not tell what. I have been a slave to tobacco chewing for 30 years, but since this came on me have used very little.

Am 46 years old, weigh 50 kilos, and look older than most men do at 60. After sitting for some time, when I get up and walk off, I feel as if drunk, and sometimes stagger.

Appetite Is good; bowels Inclined to constipation; sleep fairly well; no sick stomach; tongue clean; no bad taste now.

Please prescribe for me, and say what is the matter." - Dr R. T. Laseter, MD, Gibson, Georgia

"We believe that you are suffering from a disease or weakness of the nerve centers governing the vasomotor nerves.

The tone of the heart and blood vessels is impaired; they are relaxed and feeble, the blood surging here and there on impulse.

In other words the circulation is in a state of anarchy, and tobacco poisoning is the probable cause.

Regulate the bowels with salines. Eat plain, nourishing food, and stop chewing at once. If you must smoke, limit yourself to 3 cigars a day.

Better still if you can get along without the use of tobacco in any form. - Editor of the Medical Brief."

"Please advise me, in the case of a woman, 43 years old, who has always been troubled with swelling of the glands around the ears, and for the past year has had such a roaring or buzzing noise in the right ear that she can not sleep, and has become very nervous.

There is no deafness or pain. There is no wax in the ear, but scales or little pieces of skin, when the patient picks the ear. She seems to be well in every other way except that the heart is weak, and she has indigestion. Colour is very bad.

If there is anything she can put In the ear to help her, please let me know." - Dr W. W. Taylor, MD, Glen Eyre, Pennsylvania.

"The chronic swelling of the glands denotes some congestion and obstruction of circulation in that locality, an increase of which is probably responsible for the roaring and buzzing. You say the heart is weak, and undoubtedly the liver is out of order.

Twice a week flush bowels with salines. And regulate diet. - Editor of the Medical Brief." - in Medical Brief, October 1904.

An Inquiry into the Effects of Warm Bathing in Palsies

"Dr Charlton, MD contrary to the opinion of Dr Mead, MD pronounces in favour of the W**arm Bath in Paralytic Cases**; and does not rest his opinion upon theoretic principles, but upon unquestionable practice, showing, that at the Bath Hospital **out of 969 Paralytic Patients 813 received benefit.**" - in "The London Magazine", Vol. 39, January 1770.

St. Vitus Dance

"That singular disorder called St. Vitus Dance, has been found to receive relief from the Bath waters.

Out of 8 cases, according to Dr. Charlton account (Charlton's Inquiry, p. 63), which occurred from May 1751 to May 1764, 3 were discharged cured, 3 left the house much better, and 2 received no benefit.

A later account is, however, more favourable, it appears from the register of the hospital, that out of 9 patients admitted for this complaint, from the beginning of the year 1775, to the end of the year 1784, 8 were cured, and 1 better.

In those cases that I have seen, bathing, and pumping the spine of the back moderately 2 or 3 times a week, seemed to be the principal circumstances that led towards a cure." - Dr William Falconer, MD, FRS, Physician to the Bath Hospital, in "A Practical Dissertation on the Medicinal Effects of the Bath Waters", 1807.

Note: Sydenham's chorea, also known as chorea minor and historically and occasionally referred to as St Vitus dance.

In this account Hydropathy along with Osteopathic manipulation, and Chiropractic Adjustments are required Treatments which help to resolve St. Vitus Dance conditions.

*"**I must say of Chorea,** as of tonsillitis, erythema, endocarditis, pericarditis, and arthritis (in fact, of the whole of the rheumatic series except subcutaneous nodules) that it is produced by other causes as well as by rheumatism. **I am convinced that rheumatism is the by far most common and potent factor.**" - Dr W. B. Cheadle MD, FRCP, in "Occasional lectures on the practice of medicine", 1900.*

The Bath Waters, their Uses and Effects in the Cure and Relief in Various Chronic Diseases

"Dr James Tunstall, MD a Graduate of the University of Edinburgh, Physician to the Eastern Dispensary of Bath, and late 7 years Resident Officer of the Bath Hospital.

The Bath Hospital is a long-established and richly-endowed charity, open to patients from all parts of the United Kingdom, who are freely admitted if labouring under any of those diseases likely to be cured or relieved by the use of the Bath waters.

Dr. Tunstall has done ample justice to the preference given him by the governors of the Bath Hospital.

His experience of the results of the practice in the Bath Hospital, establishing clearly the fact that the Bath thermal waters are a very efficacious remedy in many chronic diseases over which the ordinary treatment has little or no control." - in "Provincial Medical & Surgical Journal", 2 October 1850.

"Salicylates are one of the most widely used drugs. Acetylsalicylic acid (ASA), commonly known as Aspirin, is widely used. One of the side effects of salicylates and many Nonsteroidal anti-inflammatory drugs (NSAIDs) is ototoxicity manifesting as mild to moderate usually reversible hearing loss and tinnitus. ASA ototoxicity has been reported to occur in 11 per 1,000 patients, with a much

higher incidence reported for long-acting salicylates.

Elderly patients have been reported to be at a significantly higher risk for salicylate toxicity, even at lower doses. Day and colleagues reported that in a study of volunteers hearing loss and tinnitus intensity increased progressively with ASA dosage. In 1965 McCabe and Dey noted temporary high-frequency hearing loss with tinnitus in 5 healthy volunteers after high doses of ASA. Tinnitus also occurs with salicylate toxicity. Salicylate induced tinnitus has been characterized as tonal, and pitch matching has identified the tinnitus frequencies to be usually around 7 to 9 kHz.

Manifestations of salicylate toxicity in humans are well documented:

1. Nausea
2. Vomiting
3. Tinnitus
4. Hearing Loss
5. Headache
6. Mental Confusion
7. Quickened Pulse
8. Increased Respiration

Have all been reported." - Dr Narayanan Prepageran, FRCS in "Ototoxicity", 2004.

> *"Tinnitus as a sequela to cisplatin therapy occurs in as many as 60% of patients." - M. Gratton, PhD, Dr B. Smyth, MD in "Ototoxicity", 2004.*

> *"Patient received treatment for an acute otitis media with a 5-day course of azithromycin (500 mg on day 1 followed by 250 mg daily for 4 days) when she developed tinnitus in the affected ear." - Dr John A. Rutka, MD, et al., in "Ototoxicity", 2004.*
> *"Initially, unilateral hearing loss and tinnitus were noted about 2 months after completion of systemic therapy with*

chloramphenicol." - Dr Leonard Rybak, MD, et al., in "Ototoxicity", 2004.

Auto-Toxic Origin of Epilepsy

"As a rule in these cases, there has been a precedent period of nervous exhaustion attended by vertiginous states as its later development.

These **vertiginous states** are often preceded or followed by anomalous sensory disturbances frequently compared by the patient to "waves".

They pass into states attended by loss of or dazed consciousness with or without motor explosions.

Some of these vertiginous states even when with consciousness **are attended by localized jerkings of groups of muscles.**

All these phenomena are clearly due to toxins resultant on nerve exhaustions which produce the effect that Meynert long ago showed was due to them in ordinary epilepsy.

Under normal circumstances, the toxins and ptomaines which are produced in the organism are eliminated by various channels. Some of these products are transformed in the alimentary canal into innocuous substances; gases are eliminated by the lungs, other compounds are intercepted and decomposed in the liver; lastly, certain effete products are eliminated by the kidneys and skin.

When any of these emunctories is interfered with in the discharge of its functions the phenomena of auto-intoxication make their appearance.

This is observed in certain affections of the alimentary system for example, which are attended by such symptoms as headache, pallor, hypochondriasis, etc.

These manifestations which are the result of a chronic auto-intoxication were properly attributed by the older writers to disturbance of the hepatic functions.

As Schopfer in "American Medico-Surgical Bulletin", 1894, has lately shown the liver, by its peculiar intrinsic action due to the specific activity of its cellules, can diminish

the toxic power of the alkaloids with which it is brought into contact.

> *"Dr. Schupfer, embodies his conclusions in a memoir read before the Accademia Medica di Roma:*
> ***The liver, by its sole intrinsic action due to the specific activity of its cellules, can diminish the toxic power of the alkaloids with which it is brought into contact.*** *Such action is manifested not only in the case of poisons introduced through various channels into the organism, but also in the case of poisons elaborated internally within the organism itself in consequence of putrefactions or of products due to the activity of the tissues.*
> ***From this he deduces a practical lesson - that, namely, of having recourse to internal disinfections and to a special alimentation, so as to obviate or to minimise "auto-intoxication" in all those maladies in which the liver does not perform its functions normally."***

Such action is manifested not only in the case of poisons introduced through various channels into the organism, but also in the case of poisons elaborated internally within the organism itself in consequence of putrefactions of the products due to the activity of the tissues.

He hence advises intestinal disinfections and special alimentation so as to obviate or to minimize "**auto-intoxication in all maladies in which the liver does not perform its functions normally.**"

One therapic great element in preventing the recurrence which constitutes the "epileptic habit" is hence diet.

This should be varied in itself and by slight amounts of the more digestible meats.

Large quantities of water should be drunk. In this way the necessity for artificial intestinal antiseptics will be greatly limited.

It is probable that auto-intoxication is not due to any one toxic principle alone, but to the action of a combination of all the poisons.

J. S. Bristowe reports cases of Epileptiform Convulsions apparently produced by extreme slowness of the pulse.

It would seem to me that in these cases the extreme slowness of the heart, with the consequent retarded circulation in the veins and lymphatics, allowed the accumulation of toxic principles in the brain, giving rise to an irritation which resulted in convulsive manifestations.

Dr T. Oliver, in reporting a case of "Epilepsy in a Puerpera with Hyperpyrexia", speaks of the imperfect renal action allowing the retention of animal poisons in the blood:

> ***"There being no reason why the disordered blood of pregnancy, with its altered arterial tension and plethora should not so influence the cerebral centres as to lead to the nervous explosion upon which the fit depends."***

In this patient no convulsions occurred until pregnancy was established, and the author excluded kidney disease or any reflex difficulty.

It has been shown in extended observations by Herter and Smith that intestinal putrefactive processes are distinctly related to the Epileptic Paroxysm. They have demonstrated that intestinal putrefaction is indicated by the amount of sulphuric acid in ethereal combination found in the urine. The degree of intestinal putrefaction appeared to influence the seizures in part of the cases cited, being less during the intervals and increasing up to and after the attacks.

What is Meningitis?

I was satisfied toward the close of the child's illness, that the bowels were clean and the administration of the milk did not seem to increase the trouble in any way.

Furthermore diuretics were used very largely for the purpose of flushing the bowel and of getting fluid into the general system as a means of general elimination.

Fly blisters were applied to relieve the symptoms.

Autopsy was made by Dr. Futterer. I told the father that the child had died of an auto-intoxication which produced marked brain symptoms.

Evidences of meningitis were shown by the ordinary lymph exudation thrown out upon the meninges.

All the symptoms were not produced by the single cause. Some symptoms consisting of external manifestations were readily detected during life while others consisting of internal manifestations were detected only by examinations of the body after death.

I believe that the exudation upon the meninges was a symptom produced by a certain form of poisoning which was co-ordinated with stupor, convulsions, etc., not that the exudation upon the meninges held to the external symptoms, the relation of cause and effect." - in "Alienist and Neurologist", 1897.

> ***"There are undoubtedly forms of epilepsy produced by auto-intoxication from fermentative or putrefactive processes going on in the alimentary canal. Many so-called idiopathic epilepsies have their origin in actual organic changes in some part of the cortical areas."*** *- Dr B. Farquhar Curtis, MD, in "Intestinal Obstruction in Children", American Medico-Surgical Bulletin, 1 January 1894.*

Polymyositis and Polyneuritis

"**The disease was probably due to an auto-intoxication from the alimentary canal.** Polymyositis is distinguished from neuromyositis by there being no paralysis (since any difficulty in moving is due to the pain and swelling of the muscles), no tenderness of nerve trunks, no anesthesia, and no wasting of muscles in the former, whereas there is no swelling or inflammatory oedema of the muscles or skin in the latter." - Senator, in "British Medical Journal", 21 October 1893.

Auto-intoxication in Epilepsy

"(Rif. Med., 19, 20, 21 July 1898), in a synthetic review of recent opinions on this question, finds probable evidence of auto-intoxication in the phenomena of the aura, in the supervention of dementia, in the dyspeptic disorders which often precede an attack of epilepsy, for example, vomiting, feetor of breath, constipation, diarrhoea, slight icterus, etc. So also the sphygmographic changes observed in blood tension before and during an attack may be referred to toxic influences. The toxicity of the urine was found by Voisin and Petit to be less during the attack and greater after. Krainsky found that for 1 or 2 days before an attack the elimination of uric acid in the urine was lessened, whilst immediately after an attack it was increased. This was so constant a phenomenon that attacks could be predicted or diagnosed afterwards from the examination of the urine with regard to the uric acid. The actual substance causing the attack, according to Krainsky, is carbaminate of ammonia. Indican and acetone have also been suggested as epileptogenic poisons. The serum of the blood of epileptics has a strong toxic action during the attacks. Treatment addressed to the eliminating organs, to the digestive tract, receives fresh sanction on the view that autointoxication plays no inconsiderable part in the production of the epileptic attack.

The role of the bromides in calming the cerebral irritability, is in no way lessened by laying stress upon the importance of getting rid of toxic substances in the organism." - in "British Medical Journal", 12 November 1898.

"Pure cultures of streptococci have been found by competent observers in the blood of patients with pernicious anaemia who were running a fever. ***Bacterial hemolysins are known to produce anaemia resembling the pernicious type, as are other toxic substances, among which may be classed the lipoid group."*** *- Dr J. T. Pilcher, MD, in "Etiology of Pernicious Anemia", Am. Jour. Med. Sci., August 1913.*

"The constitutional symptoms that should put one on guard are: Irregular fever with evening exacerbations. due usually to blocking of the ureter, ***with absorption of the toxins; night sweats and a gradual emaciation and loss of weight."*** *- Dr Joseph Kaufman, MD, Assistant Attending Genitourinary Surgeon, People's Hospital; Assistant Urologist, St. Mark's Hospital, O.P.D. New York, in* ***"Renal Tuberculosis, a Resume of the Latest Literature****", The Archives of Diagnosis, 1913.*

"Alcohol is simply the excretion of microscopic germs. It might be called the urine of bacteria. ***The waste products of all living creatures are poisonous. When these microbes have polluted the juice with 13% of alcohol they are all killed by their own toxic excretion. This is the reason it is impossible to produce beer or wine with more spirit than 13%."*** *- James Empringham, in "Intestinal Gardening for the Prolongation of Youth", 1938.*

Alimentary Toxaemia in Epilepsy

"If we compare the mental condition of many **Epileptics and Neurasthenics we find symptoms very similar:**

1. Thus we get irritability often marked incapacity for sustained mental or physical application.
2. Loss of concentration.
3. Quick temper.
4. Feebleness of purpose.
5. Easy fatigue-ability.
6. Distractability, lack of attention.
7. Restlessness.
8. Morbid fears introspection.
9. Disinterest.

In neurasthenia, a toxic condition frequently prevails and there is often marked indicanuria, and excessive production of ethereal sulphates. **An improvement in these symptoms,**

is brought about frequently by antiseptic purgation, a change of diet - both as regards quantity and quality - attention to mastication and physical exercise short of exhaustion. The administration of indol to man in large quantities is known to give rise to symptoms similar to those met with in many cases of epilepsy, and neurasthenia. In Insane Epileptics we have various causes at work to assist in producing an alimentary toxaemia. Firstly most insane patients have a defective teeth and swallow their food in gulps with little mastication the result being that it is not broken into fine particles and the digestive juices are unable to adequately fulfil their metabolic function. The food undigested travels to the ileum and colon and on its way becomes, pabulum for bacteria. Again constipation and a lowered state of vitality and nervous-energy are potent factors in causing not only an increased formation of toxins but an increased absorption of them. A chronic toxaemia is liable to produce arterial changes - either the intima or media or both being affected, Gilbert and Lyon in 1889, showed that injections of bacteria and their toxins produced fibrocalcareous changes. **To sum up:** We have in many cases of epilepsy with insanity, definite phases in the disease; thus there are what may be termed "normal periods", where convulsive attacks are few and the mind often fairly clear and rational. There are also preconvulsive periods, and convulsive periods where excitement and confusion prevail as a rule and post convulsive periods of calm generally - although restlessness may occur and irrational conduct at such times. In these different periods the ratio of ethereal to simple sulphates excreted in the urine varies. An increase is in the ethereal ratio is noticed in the preconvulsive and early confusional periods, and this it has been suggested points to a toxic condition prevailing in the system.

Poisonous products being elaborated in the alimentary canal, which react on the nervous system and body generally in a deleterious way, and which may determine the onset of the convulsive state or its psychic equivalent." - Dr Frederick Ernest Stokes, MD in "Alimentary Toxaemia in Epilepsy", 30 May 1914.

Microbic Dissociation

"For the past three decades there has been accumulating an ever increasing mass of evidence pointing to the instability of bacterial species. For the systematic bacteriologist the situation has already become somewhat alarming; while, for those who have never taken the problems of classification too seriously, it at least has inconvenient aspects. But the present state of affairs, as reflected in both publications and discussions, may not be entirely free from elements of danger, **since the growing chaos tends to discourage sincere attempts to alleviate the difficulties by searching for the causes that underlie them.**

While it may be true that greater knowledge of systematic relationships may not contribute significantly to useful knowledge of the bacteria in this or that relation, **the inherent problem involved concerns closely microbic variation; and this, in turn, may have a more significant bearing on problems of virulence, infection and immunity than many have supposed. Cocci become rods and rods cocci or spirals; forms of growth change overnight; motility is lost and regained; fermentation reactions are modified by time and opportunity; spore formers become sporeless; hemolytic activity comes and goes; capsulated bacteria lose their capsules, and capsules are gained by noncapsulated forms; antigenic power vanishes and reappears; cultures become spontaneously agglutinative or fail of agglutination; virulent cultures become harmless and harmless cultures virulent.** It may be remarked that **the relation of dissociation to the phenomenon of virulence** in its broader aspects must be left an open question. **For certain bacterial species, however, and among them some of the most important, I believe that it is fully established that virulence is dependent on certain definite phases or stages of culture growth; and that fully virulent and absolutely non-virulent organisms may, and commonly do, exist side by side in the same culture. In many pathogenic bacterial species at least, it now appears that exaltation of virulence is dependent upon the increase in relative frequency of S**

type organisms over R; and, conversely, that **attenuation of virulence involves the increase in relative frequency of R type organisms over S (the increase of virulence is dependent on the increase of the S over the R form).**

Similarly, we have no evidence that virulence may be regained unless one of 2 things happens: regeneration of S culture from S elements that remain; or, transformation from R to S in cultures from which the S has quite disappeared.

The second is certainly the least common, and seems never to occur in certain cultures. I believe, however, that we should hold ourselves open to the view that it may occur in all cases, **provided that the proper cultural conditions are present. In all this consideration of the relation of bacterial type to virulence, and the designation of a culture state no doubt related to that called by Enderlein the "Virostadium".** Not until we have become able to recognize the wide range of cyclogenic variation to which all bacterial species are susceptible, shall we be able to detect the permanent departure from the specific cycle. This will take time, and I suspect that it will be many years before we shall be able to speak intelligently regarding bacterial mutations. **In the meantime it might be well if the term "mutation", were banished from the vocabulary of the bacteriologist.**

I believe it becomes clear that many important problems in modern bacteriology and pathology have **their roots in the phenomenon of bacterial instability**, and especially in that aspect which has been termed **microbic dissociation**.

We begin to appreciate, moreover, that this phenomenon, far from being a sign of chaos, as many have believed, is in reality merely the necessary manifestation of certain more or less orderly processes that are correlated with a physiologic and reproductive mechanism the nature and significance of which we are just beginning to observe and to understand. **In the operation of this mechanism we can scarcely doubt that there are concerned significant issues dealing with bacterial relationships, with serological behaviour, biochemical reactions, immunologic reactions, with pathogenicity and virulence; and, in all probability, with the problem of transmissible bacterial autolysis as well.**

Regarding the relation of dissociation to the systematic aspects of the science of bacteriology it may be safely predicted that the time will soon arrive when, in discussing the nature of bacterial cultures isolated from infected tissues or maintained in laboratory stocks, **it will not be sufficient merely to name the organism. The specific name of a microbe, as names now stand, may mean little; for it is becoming increasingly clear that we shall never know what a bacterial species really is until we acquaint ourselves with the outermost limits of its variability; and this must mean not merely its "normal" vegetative form, but all of its dissociated types or cyclogenic stages as well.**

The truth we shall eventually come to, however, is that the free-living microorganism is potentially a kaleidoscopic thing, in which the power of responding successfully to a changing environment by alterations in body state, both morphologic and biochemical-and even by self-destruction, if need be, in order to generate another and more stable type-stands as its one most important attribute. **It fixes in our mind, moreover, the vast, but heretofore unrecognized, importance in the treatment of disease, of the control of the cyclostage in the individual case, as already emphasized by Enderlein; and persuades us that it is toward this end, rather than toward the often impossible direct elimination of the infecting organism, that we should look. In epidemiology our knowledge of the dissociation phenomena in relation to specific, pathogenic, bacterial species is certain to cause a revision of many of our older views, especially those relating to the "carrier state". It may be that we shall sometime learn that the progress of the epidemic is merely the gradual development of the infective agent into its virostage; and that. the remission of the epidemic is due to the passage of the infecting agent through the virostage, and beyond it, into a nonvirulent form. Regarding the joint relation of microbic dissociation and the phenomenon of the bacteriophage to microbic instability, we have seen that there are good reasons for suspecting that both of these reactions are inseparably united in the reproductive**

mechanism of the bacterial cell. It seems to be the "normal" functioning of this mechanism, operating in a favourable, and one might add accustomed, environment, that determines traditional microbic stability; while it is the "abnormal" or "pathological" functioning of the same mechanism that conditions mutation-like changes, accompanied by lysis of varying grades and possessing great significance in the life of the culture-perhaps in the life of the "species". Active microbic dissociation and the phenomenon of the bacteriophage may represent merely two different stages in a single phase of normal reproductive and physiologic behaviour which exists for a purpose presumably adaptive. And, finally, if for a moment we abandon ourselves to speculation, though not perhaps without some evidence in fact, **it may eventually be demonstrated, not that a foreign filtrable virus gives rise to dissociation and to autolysis in the d'Herelle sense; but, on the contrary, that the fundamental physiologic reaction, of which both microbic dissociation and transmissible autolysis are only different modes of expression, gives rise to the filtrable virus." -** Philip Hadley, in "Microbic Dissociation: The Instability of Bacterial Species with Special Reference to Active Dissociation and Transmissible Autolysisin", Journal of Infectious Diseases, January 1927.

"Most bacteriologists maintain that **almost all organisms can show variant forms under proper conditions.**

They describe 2 main forms of each organism, the S, or "normal", and the R, or mutant, form. They regard the S type, the colonies generally being smooth and small, capsulated, active in motile species, and representing the "normal" morphology, while the R form the colonies are rough, irregular and flat, are nonmotile in the motile species, and have a tendency to form short rods and cocci. **They contend that the R form is more common in convalescents, in carriers and in chronic diseases, and is more resistant to ageing and to bacteriophage. They declare that the R form is more susceptible to phagocytosis, while serum against S may force the "normal" S into the R form. This last may explain the action of immune serum in certain diseases.**

Enderlein as well as Hadley has suggested that therapeutic endeavour in the future may not be concerned with the attempt to kill organisms in the body but to try to force them into a nonvirulent stage. It would seem that the teaching of bacteriology in the future must point out the possibilities in this field." - in "Microbic Dissociation", JAMA, 22 November 1930.

"It is a general rule to regard the individuals comprising a given strain of a microbic species as identical in nature.

So, when a culture is spoken of as virulent, it is supposed to be virulent as a whole, and little or no attention is paid to its individual members. They are tacitly assumed to possess this character in common.

As a culture attenuates by passage on artificial media, the formerly virulent germs are again assumed to lose their invasive property simultaneously and uniformly.

This point of view persists in spite of numerous facts that show the assumption of a community of characteristics to be without foundation." - Paul H. De Kruif, PhD, in "Dissociation of microbic species: I. Coexistence of individuals of different degrees of virulence in cultures of the bacillus of rabbit septicemia", Journal of Experimental Medicine, May 1921.

Secondary Symptoms of Poisons

"When mercury is not employed, or where it has been ineffectually administered, though the primary symptoms may appear to be cured, **the virus (poison) is carried into the blood by the absorbents, and thus produces a new order of symptoms, affecting other parts.**

In order to cause these new effects, it is not necessary that the primary should be cured, as both may exist at the same time; and a fresh chancre may be contracted whilst the secondary symptoms exist.

The virus (poison) having been received into the blood, does not long remain inactive; pains of the limbs are felt, and there is some degree of febrile disturbance.

These symptoms do not always accompany the morbid development, but they generally take place; and after a few days, relief is experienced by the appearance of an eruption, or by an ulceration of one of the tonsils. Secondary symptoms usually take place within 3 months of the apparent cure, or when mercury has been ineffectually employed; but should they not appear at the end of 6 months, the patient may consider himself secure. It is a mistaken notion that the disease can lay dormant in the system for some years.

In some respects the virus (poison) proceeds in a manner not very dissimilar to the exanthemata. In all these some peculiar extraneous matter enters into the blood-vessels, and is thrown out under different forms through the Emunctories." - Dr W. S. Oke, MD in "Short Notes of the Opinions and Practice of the Late John Pearson, Esq., FRS, on Syphilitic Disease", Provincial Medical & Surgical Journal, 26 January **1848.**

"In 1884, the French microbiologist Charles Chamberland invented the Chamberland filter with pores small enough to remove all bacteria from a solution passed through it.

In 1892, the Russian biologist Dmitri Ivanovsky used this filter to study what is now known as the tobacco mosaic virus: crushed leaf extracts from infected tobacco plants remained infectious even after filtration to remove bacteria. Ivanovsky suggested the infection might be caused by a toxin produced by bacteria." - in "Virus", Wikipedia, 20 March 2020.

Epidemic Constitution and Prophylaxis

"It cannot be doubted, however, that the science of hygiene ought to be applied, especially in case of the epidemic constitution, to the enabling of those in ordinary health to resist the noxious influence.

Much may be done towards invigorating the human constitution to wrestle with malarious influences, and the

proper steps for attaining this end ought not to be overlooked by the accomplished practitioner, whose knowledge is as legitimately taxed for the prevention as for the cure of the prejudicial effects of malaria and other causes of disease.

The regular evacuation of the bowels must be attended to, not only in regard to this epidemic, but also,where epidemic catarrhs, (influenza,) cholera, dysentery, etc. etc., happen to be prevalent.

Next to this, nutritious but easily digestible diet claims attention; and should any weakness of the digestive apparatus exist, such requires tie suitable prescription of a course of alteratives, light vegetable and aromatic tonics, with aperients, as the case may demand; and lastly, **the regularity of hours of rest and meals, concurrently with early hours of retiring and rising. In order further to strengthen the system,** the habit of cold **morning-bathing**, either in the shape of plunge bath, shower-bath, **should be adopted.** Whereby sufficient glow may be produced to secure healthy reaction.

If I may be so bold as to quote my own personal experience, I may add, that I have passed a dozen years in the profession, in residence and constant attendance in fever hospitals, through all the vicissitudes of studentship, in 3 or 4 metropolitan seats of study, and attendance in a densely populated district, where the cholera raged, and obnoxious to all the chances of private practice subsequently, without ever having caught any of those diseases which have more than decimated our ranks; and this, as far as human means go, **I ascribe to the habit (cleanly-and therefore healthy,) of bathing or sponging through all seasons, so as to ensure that healthy state of the Emunctories of the skin, etc., whereupon alone dependance can be safely placed."** - Dr George Churchill Watson, MD, in "Some Account of the Epidemic Fever Which Prevailed in Liverpool, in the Latter Monthsof the Year 1844", Provincial Medical & Surgical Journal, 15 April 1846.

Medical Trade Treatment Is A Monument To Sepulchred Theories

"The physician who relies on the healing power of nature in phthisis (pulmonary tuberculosis) displays his erudition.

By so doing the discerning physician is afforded an opportunity of knowing what not to do, a feat often more difficult than doing, and enables him to apply the highest principles of the therapeutic art.

The patient must be put ill nature's place and work as nature works.

The nearer and truer he is placed to Mother Earth, and the closer his intercourse with nature, the more certain he is to attain health.

For, "Diseased nature often times breaks forth in strange eruptions."

The medical treatment of tuberculosis is a monument to sepulchred theories.

Specific medication in phthisis is therapeutic optimism not yet realized, and the so-called specifics are substances which decrease in number with the advancement of medicine.

The tale of a consumptive does not begin, and end with the tubercle bacilli.

Germs are the specific constituents of dirt, the complete annihilation of which can only be attained by cleanliness, although a modified though incomplete procedure is known as antisepsis. **Drugs have been invented for the patient and the physician - to relieve the former of obeying the laws of hygiene, and the latter of inculcating them.**

To select judiciously among the old drugs, is equal to inventing new ones.

Bactericides may be effectual in the laboratory, but not at the bedside.

There is a vast difference between a culture tube of bacilli and a patient.

The treatment of phthisis is not based on the destruction of the bacilli, but in fortifying the organism

against the bacillary invasion. In other words, our aim is to provide defensive works against hostile attacks.

We must cherish the stomach of the consumptive as our most powerful ally in the treatment of his disease; for if we are inconsistent in dietetics and injudicious in medication, we will have created a foe incapable of subjection.

If we are unable to cure an accessible tuberculous lesion, like lupus, by means of bactericides, is it not chimerical to assume, or even hope, that such agents will ever be effectual in pulmonary tuberculosis?

The latter statement does not refer to the marvellous bactericidal properties of the solar rays.

Laryngeal tuberculosis, an easily accessible region (larynx) for local medication, **and we observe that the great variety of treatment suggested eloquently proclaims the futility of drug delirium. Germs thriving on certain media perish or cease to grow on other media.**

Laryngologists, are constrained to conclude that laryngeal tuberculosis can be healed without any local treatment, and that the chief method of cure is the hygienic dietetic treatment." - Dr Albert Abrams, AM, MD, in "San Francisco County Medical Society", 9 August 1904.

Medical Trade Virus Theory

"The role of theories is not to be exact, but to be useful." *- Henri Poincaré*

Varicella-Zoster Virus Farce

"Shingles (Herpes Zoster)

Clinical Overview: Herpes zoster, also known as shingles, is caused by the reactivation of the Varicella-Zoster Virus (VZV), the same virus that causes varicella (chickenpox).

Primary infection with VZV causes varicella. Once the illness resolves, **the virus remains latent in the dorsal root ganglia. VZV can reactive later in a person's life** and cause a painful, maculopapular rash called herpes zoste

Complications: Postherpetic Neuralgia (PHN) is the most common complication of herpes zoster. PHN is pain that persists in the area where the rash once was for more than 90 days after rash onset. PHN can last for weeks or months, and occasionally, for years." - in "Shingles (Herpes Zoster)", National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, CDC, 5 October 2020.

The Etiology and Osteopathic Manipulative Treatment in 17 Cases of Herpes Zoster

"In a series of 17 cases of herpes zoster, Cressman found articular lesions in all but 2. The lesions presented involved the vertebrae, ribs, or sacroiliac joints, and in every instance they showed a direct segmental relationship to the pain and eruption.

No case failed to respond to lesion correction.

Even in the 2 cases where specific lesions were not found, manipulative treatment given empirically to increase mobilization of the joints involved brought about satisfactory results.

The manipulative treatment in all of the cases was performed as quickly and with as little trauma as possible.

No other manipulations such as soft tissue treatment were given.

Most patients received only a single treatment.

No sedatives were needed.

In 7 cases, treatment was given in the early stage of the disease, at the onset of neuralgic pain or at the first appearance of the eruption. In these cases the attack was unusually mild, the so-called abortive herpes zoster.

The question may well be asked: "Why does the virus select and affect certain of the sensory nerves and not others?"

The answer may be found in a traumatic factor, such as the osteopathic articular lesion. In addition, herpes zoster often follows trauma to the head or spinal column, following tooth extraction, lumbar puncture, etc. Pressure on the sensory neurone as a result of spinal caries, tumor, etc., may also be a factor." - Dr Edwin H. Cressman, DO, in "Concerning the Etiology and Osteopathic Manipulative Treatment in Seventeen Cases of Herpes Zoster", The Osteopathic Digest Philadelphia, November, 1938.

"Osteopathic Manipulative Treatment (OMT) included: correction of cranial strains, inhibition, myofascial release, balanced ligamentous tension, and facilitated positional release. In one week, the patient reported a reduction in pain from 10/10 to 2/10.

Two weeks later, he reported complete resolution of his initial symptoms.

OMT ensures the restoration of normal anatomical structure and therefore function through correcting somatic dysfunction, providing optimal conditions for body to heal itself, normalization of blood supply, peripheral nervous system regulation, muscle tone and lymphatic drainage therefore providing pain relief and reducing the need for additional medications.

OMT can be successfully used as an adjunct therapy in cases of Herpes Zoster and Postherpetic Neuralgia (PHN)." - Dr Mikhail Volokitin, DO, et al., in "Osteopathic Manipulative Treatment of Herpes Zoster Ophthalmicus/Postherpetic Neuralgia", Cureus Journal of Medical Science, 8 May 2021.

Chapter 5

The Virus Farce

A Theory Which Attempts To Reduce The Complex Epidemic Process To A Single Microbial Factor

''All Truth Passes through 3 Stages:

1st it is Ridiculed.
2nd it is Violently Opposed.
3rd it is Accepted as Self-Evident.'' - Arthur Schopenhauer

"Why are common infective diseases not of deadly virulence?
Death of host involves death of organism.
Invasion of tissues by virulent saprophyte involves change in foodstuffs - relationship between altered metabolism and acquirement of toxicity - possibly a change in excretion following change in assimilation -
Experimental Evidence:
(a) B. coli does not attack proteid if carbohydrate present,
(b) B. diph. does not yield toxin if much carbohydrate present - suggest toxins may result from alteration in food material.
Altered metabolism of saprophyte facilitates invasion of tissues - *this supposed alteration in metabolism does not always confer toxicity* ***- toxins may be regarded as an excretion or as a secretion - or as product of enzyme****." - Dr S. Gurney-Dixon, MD, in "The Transmutation of Bacteria", 1919.*

"Another theory as to the etiology of colds is that of a filtrable virus as brought forth by Kruse in 1914, but this theory was also definitely demonstrated as being untenable through a

series of experiments by Robertson and Graves in 1924. *" - Dr Volney S. Cheney, MD, in "The Common Cold Etiology, Prevention and Treatment", American Journal of Public Health and the Nations Health, January 1928.*

"When the Dutch microbiologist Martinus Willem Beijerinck published his findings in 1898, he called the infectious, ***filtered substance*** *contagium vivum fluidum -* ***a contagious, living fluid****. As a shorthand, he reintroduced the word* ***"Virus"*** *from the Latin for a* ***Liquid Poison*** *to refer specifically to this new kind of pathogen. The early pathologist added to the porcelain filter experiments with a second kind of filtration system that used a gelatin called agar to prove that no microorganisms survived the first filtration. Bacteria get stuck on top of the gelatin, but the* ***mysterious mosaic-causing pathogen diffused through it****. By re-filtering the pathogen from an infected leaf and using it to cause mosaic disease on another plant,* ***but strangely, it couldn't reproduce without them****." - Theresa Machemer in "Smithsonian Magazine", 24 March 2020.*

If the particles where living things, living cells they would be attached to the agar, obviously the size and nature of the poisonous substance the effete matter of bacteria would not attach to the agar, which is a nutrient for a living cell, since the excrement is not a living cell needs not to attach itself to the nutrient agar medium. **The Virus Theory is based in the fallacious presumption, that a single organism (if it ought to exist), would be able to provoke death to animal and human life. This is a theory of fear, of terror, to terrorise the population into compliance, submission. And for what?** What aim? What is the agenda? **The virus hypothesis is based either: on fraud, or upon uneducated guesses. The virus theory** is repudiated by logic and **contradicts the Sciences of Biology, and of Chemistry.**

If one is conscious of the published research (meaning that the evidence of facts of common clinical knowledge), it

rests only to the view, that the interpretation of events, as they have arouse, in the early weeks of January 2020, concerning the mediatic events, in **a single hospital in China**, and then those images from **a single Hospital in Italy**, where the **enacting of a deliberate scare pandemic.**

Covid-19
2019 – 2021

Country	Deaths	Population
Slovakia	**8037**	**5 Million**
Greece	6797	10 Million
Guatemala	6479	16 Million
Panama	5934	4 Million
Israel	5922	9 Million
Croatia	5621	4 Million
Bosnia	5297	3 Million
China	**4838**	**1.398 Billion**

Source: COVID-19 Map - Johns Hopkins Coronavirus Resource Center, 9 March 2021.

China	Date	Covid-19 Deaths
Population	**9 March 2020**	**3,140**
1.398 Billion	**9 March 2021**	**4,838**

Source: COVID-19 Map - Johns Hopkins Coronavirus Resource Center, 9 March 2020; 26 February 2021.

Is 4,838 in 1,398 Billion Citizens a Pandemic?

"The viruses are only increasing in a body damaged by drugs and toxins, in order to help eliminate the waste. If it must, they destroy the whole of the still living human being, who has culpably transformed himself into a waste bucket." - Franz Konz (1926-2013)

The Similarity Between ACE-Inhibitor Cough And Covid-19 Cough

Bradykinin is a peptide that promotes inflammation. A class of drugs called angiotensin converting enzyme inhibitors (ACE Inhibitors) increase bradykinin levels by inhibiting its degradation, thereby increasing its blood pressure lowering effect.

ACE inhibitors are FDA approved for the treatment of Hypertension, and Heart Failure, they work by causing relaxation of blood vessels as well as a decrease in blood volume, which leads to lower blood pressure and decreased oxygen demand from the heart.

Frequently prescribed ACE inhibitors include:

1. Benazepril.
2. Zofenopril.
3. Perindopril.
4. Trandolapril.
5. Captopril.
6. Enalapril.
7. Lisinopril.
8. Ramipril.

Common side effects include: low blood pressure, cough, hyperkalemia, headache, dizziness, fatigue, nausea, and kidney impairment.

"The first clue was really that severe Covid-19 infection was more common in hypertension, and hypertensive patients are really not predisposed to infection at all, so that was very odd.

ACE-2, that's an enzyme that's well known to cardiologists.

I knew in particular that ARBs cause very substantial overexpression of ACE-2.

So that suggested perhaps this predisposition to severe

Covid-19 infection in hypertension could possibly be a drug effect mediated by ARBs which upregulates ACE-2, and potentially predisposes to infectivity but also in particular, severe infection." - Professor Murray Esler, in "ACE-inhibitors, ARBs and Covid-19: What GPs need to know ", News GP, 18 Mar 2020.

Why Is Hypertension Appearing to Be a Primary Driver of Covid-19?

"The incidence of hypertension is noticeably high in patients with COVID-19 and the high degree of targeting of older individuals is very unusual.

A recent study (Covid-19 in a Long-Term Care Facility, King County, Washington, 27 February 9 March 2020), by the US Centers for Disease Control and Prevention, CDC, regarding the Kirkland Nursing home observed:

"**The Most Common Chronic Underlying Conditions** among facility residents, were:

1. Hypertension 69.1%
2. Cardiac Disease 56.8%
3. Renal Disease 43.2%
4. Diabetes 37.0%
5. Obesity 33.3%
6. Pulmonary Disease 32.1%."

- Kevin Kavanagh, MD, in **"Evidence Continues to Link ACE Inhibitors to Severe Covid-19 Symptoms"**, Infection Control Today, 26 March 2020.

> *"Hypertension is one of the most frequent coexisting chronic conditions among patients with COVID-19." - Dr Franz Wiesbauer, MD, in "Covid-19 Update 19: ACE Inhibitors and Covid-19", 8 May 2020.*

The similarities between the ACE-Inhibitor cough and the cough of Covid-19 prompted Dr Colin Brown, MD to investigate further.

> ***"Our proposition is that the Covid cough is directly caused by bradykinin as well as by damage in the lung."*** *- Dr Colin Brown, MD in "Is Bradykinin Responsible for Covid-19 Cough", 26 August 2020.*

"The clinical presentation of patients with Covid-19 and ACE2 modulation are strikingly similar.

For example:

Endotoxin inhalation in a mouse model causes a drastic reduction in pulmonary ACE2 activity, and the extended longevity of des-Arg9-bradykinin exacerbates lung inflammation, with a presentation similar to Acute Respiratory Distress Syndrome (ARDS) as seen in patients with Covid-19.

An impairment of cytokine degradation, evident by an increase in the level of C-reactive protein, **has been implicated as being the primary mechanism of angioedema under the use of ACE inhibitor drugs, which greatly resembles the dramatic release of proinflammatory cytokines caused by SARS-CoV-2 infection.**

C-reactive protein also stimulates interleukin-6.

Both C-reactive protein and interleukin-6 **have been shown to be above the normal range in most patients with Covid-19 and C-reactive protein was shown to be elevated in both cases of angioedema in patients with Covid-19.**

Patients with Covid-19 also have markedly elevated plasma angiotensin II level that is linearly associated with viral load and lung injury.

Interestingly enough, the characteristic side effect of ACE inhibitor therapy, a dry cough, closely resembles the

coughing in patients with Covid-19 as well." - Dr Ekjot Grewal, MD, et al., in "Angioedema, ACE inhibitor and COVID-19", 9 September 2020.

Etymology of the Word Virus

*"**English Etymology of the Word Virus:***
*Borrowed **from Latin vīrus "poison, slime, venom"**, via rhotacism from Proto-Italic weisos, from Proto-Indo-European wisós "**fluidity, slime, poison**"." - in "Virus", Wikipedia, 2021.*

If, the science of Virology is true (and we accept it as Gospel), then, both the Sciences of Biology, and of Chemistry have to be wrong.

For Virology, contradicts both the same Scientific bases of Biology, and of Chemistry.

In the following pages, it will be shown, in great educational and minute detail, that the Medical Trade "virus theory", like the much of its modern "science", is not Gospel, it is a lie, with the aim to fleece the public purse under false pretensions, in the pursue of endless profits, at the cost, of generating endless misery to the world population.

The Medical Trade has become, a cancer to this civilization.

A History of Contradictions

*"**Making sense of discrepancies in the literature.** HIV-1 is a major global health challenge. In 2011, approximately 34 million individuals were living with HIV-1, resulting in 2.5 million new infections and 1.7 million deaths (AIDS). HIV-1 Nef is a multifunctional viral protein that contributes to higher plasma viremia and more rapid disease progression. Nef appears to accomplish this, in part, through modulation of T-cell activation; however, **the results of these studies over the past 25 years have***

been inconsistent. Here, the history of contradictory observations related to HIV-1 Nef and its ability to modulate T-cell activation *is reviewed."- Tristan J Markle, Philip Mwimanzi, Mark A Brockman, in "HIV-1 Nef and T-cell activation: A History of Contradictions", 8 April 2013.*

Contradictions in the Promotion of Publishing Academic Scientific Journal Articles

"Two responses could be potentially provided to the above question:

1. There seems to be a significant gap between our theoretical knowledge and practice.

2. Many scholars and scientists publish papers only to have a longer list of publications, and therefore publishing is viewed as a personal objective, rather than for improving communities public health.

What is the main purpose of publishing articles?

Is the main aim of published articles really to raise public awareness and to promote critical thinking within scientific communities to combat diseases?

All academic-scholarly journals have their own stated objectives, agenda and scope.

On the other hand, although it seems paradoxical, considering the advances in health and medical sciences, Emerging Infectious Diseases (EIDs) have become more frequent in recent decades." - in "Contradictions in the promotion of publishing academic and scientific journal articles, and the inability to cope with the new coronavirus (COVID-19)", Antimicrob Resist Infect Control, January 2021.

Evaluation of Facts of the Variability of Influenza Virus Antigenic Structure and Criticism of Certain Concepts

"**The Antigenic Structure and the Biological Type of the Host.**

Study of the effect of cultivation of influenza viruses in the bodies of various species of animals or in tissue cultures of them has made it possible to accumulate data which are quite contradictory.

Francis (1947) compared 2 lines of the same influenza virus strain (PR8), of which 1 was passaged for a long time in mice; the other, in chick embryos.

He came to the conclusion that **the strain variants show certain serological differences from one another.**

In experiments with cross immunization of mice a mouse-adapted strain was found to be 100 times more immunogenic than a strain passed through chick embryos.

In neutralization experiments in mice with sera the titer of the latter was higher for the homologous than the heterologous strains.

These data coincide with the earlier experiments of the author (Francis and Magill, 1935).

In 1949 in Holland during an influenza epidemic all 3 types (P, Q, R) of influenza viruses were isolated, and during the influenza pandemic of 1950-1954 in South Africa and Australia, from where the epidemic of the Liverpool type had come **in the opinion of Isaacs and Andrewes**, both the P- and Qtypes of virus were also isolated; they have also been isolated in Europe.

A Theory Which Attempted to Reduce The Complex Epidemic Process to a Single Microbial Factor

Therefore, **there is not a single fact** which confirms the hypothesis being analysed.

However, **this hypothesis is untenable for 2 other reasons:**

1. First, **it diverges from attempts to explain the variability in the influenza virus antigenic structure really observed.**

Indeed, the hypothesis of the P-Q variations assumes a kind of closed circle of phasic transformations of the influenza virus: the P-phase produces the epidemic, and when general immunity occurs the virus changes into the Q-phase, in which it is found until the immunity of the population weakens.

If such is the case; **why then does a change occur in the antigenic structure of the viruses into which the previously circulating strains were divided?**

Isaacs and Andrewes circumvent these questions.

2. Secondly, the hypothesis being analyzed attempts to explain the cause of influenza epidemics through only some of the changes in the biological properties of the virus, without even putting the question of the causes of these changes. This is a variant of an old theory which has been rejected long ago, which explained the causes of epidemics by the variations in the virulence of the microbe, a theory which attempted to reduce the complex epidemic process to a single microbial factor, a theory in which the cause (epidemic process), is taken for the effect (variability of the virus).

Everything which has been stated permits us to reject Isaacs and Andrewes conception decisively as being **without scientific foundation.**

Viruses Have No Sexual Process

In summarizing the results of the investigations of the reaction of viruses in mixed cultures, Burnet (1953) treats them from the point of view of the gene theory. The forms of viruses obtained, which have the properties of both strains

(parent strains) is considered to be a “gene recombination”, and he presents formulas for the exchanges of genes.

Thus, in his opinion, if we designate the MEL strain by the formula ABCDE and WSN strain by the formula abcdF (the experiments were performed in chick embryos), then the "mutant strains" occurring as the result of gene recombination will have the formula: M + = ABcDeF and WS - ef = abCdEf.

Hence, he draws the conclusion that the Cc and Ee factors are transmissible, and in the given case a genetic reaction occurs.

In another work (Lind and Burnet, 1953) the recombinants M+ and WS+, distinguished serologically and by other properties, were obtained as the result of the reaction of the MEL and WSE viruses, and then, as a result of the reaction of these recombinants, inverse recombinants were obtained which in their properties were similar to the original MEL and WSE strains.

Careful examination of the factual material presented in the works mentioned permits us to draw the conclusion first that **there is a lack of correlation between Burnet's explanation mentioned and the factual material which he obtained.**

As a matter of fact, the recombinants obtained, which have a number of properties of the parent strains, at the same time possessed a number of other properties which were absent from the parent strains.

These properties (for example, the unusual degree of thermoresistance of the hemagglutinin, which was higher than in the parent strain with a thermoresistant hemagglutinin) could not have gone unnoticed by the experimenters them selves.

Therefore, the consideration of the strain variants as the result of the mechanical combination of various characteristics of the parent strains simply does not correspond to the facts.

Even with these reservations the facts observed by no means fit into the framework of the gene-mutation theory

and, moreover, contradict it, because the viruses have no sexual process.

The Erroneous Theory Enters Into An Unsolvable Contradiction With The Factual Material

Therefore, Hirst working with the A and B viruses (Gotlieb and Hirst, 1954) and who also take the positions of formal genetics, come to the conclusion that in the given case there is a "**phenotypic mix-up"**.

In his subsequent works Burnet (1954) had to admit that in the experiments with virus recombination too many deviations are obtained to explain them from the standpoint of the gene theory (Burnet and Lind, 1954).

After this, what remains of "gene recombination" and of attempts to explain the phenomena observed by the gene-mutation theory?

Even in this case the erroneous theory enters into an unsolvable contradiction with the factual material.

The Theory of Permanent Mutations

If we direct our attention to the last summary by the foreign investigators concerning the variability of influenza viruses, in which the generalizing articles of Burnet (1954) and Magnus (1954) are represented, we find nothing new here either.

The entire discussion centers around the theory of permanent mutations, combinations of a limited number of antigenic components, selection of antigenic mutants by incomplete immunity and gene combination factors, that is, everything is in this cycle of concepts of limited variability in the form of combination of permanent characteristics.

The facts observed of the variability of influenza virus antigenic structure can obtain their correct explanation only from the standpoint of creative Darwinism.

Such attempts have been made in recent years by Zhdanov and Solov'yev (1951, 1952), Zhdanov (1953),

Gorbunova (1953), and somewhat earlier were expressed in a general formula by Smorodintsev (1948).

The latter believes that the influenza virus is plastic and accessible to a deep-seated effect of definite environmental factors and that the immunological effect on virulence and the antigenic structure of the virus are of principal importance.

These conclusions were made chiefly on the basis of work of Andrewes (1942) and were not confirmed by his own factual material.

The untenability of Burnet's and Hirst's attempts to explain the facts which they observed has been shown above.

Variability of Influenza Viruses and Evolution of Them

We have analysed the main facts concerning the variability of influenza viruses in the epidemic process and in the laboratory experiment, directing special attention to a change in the pathogenic properties, immunogenicity and antigenic structure as the most essential properties of the influenza viruses.

> ***A tremendous number of facts which have accumulated at the present time, show with perfect evidence; that the changes in the biological properties of the influenza virus, are strictly determined by and adequate to the changes in the environmental conditions, and primarily to the effect of the human body, the bodies of experimental animals, and tissue cultures in which the activity of the influenza virus is occurring.***

Attempts to understand these acts from the standpoint of Weismannism-Morganism of different shades (the theories of O-D-variations, P-Q variations and gene exchange) have been shown to be completely worthless.

The Hypothesis is Fantastic and Erroneous

It seems expedient, in conclusion, to analyse the roots of variability of the influenza viruses and the problems of their evolution.

From this point of view certain theories deserve analysis which pertain to general problems of variability and evolution of influenza viruses (Andrewes, Burnet, Fal'kovich).

In one of his works, Andrewes (1942) has presented certain considerations concerning the routes of variation of the influenza viruses and of their evolution.

He correctly points out the dependence of changes in the antigenic structure of influenza viruses on the specific immunity of the population to them.

Unfortunately, this correct idea is swamped in a sea of speculative reasoning and erroneous inferences.

Andrewes advances the idea of the existence of a "basic virus" which is incapable of producing the disease in man.

This virus then goes through 6 stages of increase in its virulence, becoming "epidemic" and a "pandemic" virus.

Andrewes measures the degree of virulence (virulence generally not for man!) by the capacity of involving ferrets and mice.

Something in the nature of a cyclic development on the type of the R-S-R cycle in bacterial forms is obtained.

Here, everything is incorrect; everything is turned topsy-turvy.

Instead of interpreting the influence of the epidemic process on the variability of the influenza virus the variability itself is revealed as the cause of the epidemic process - **a throwback to an old theory attempting to reduce the complex epidemic process to just a single microbial factor.**

Virulence is treated by the author as some kind of abstract concept unrelated to the organism against which it is directed.

The standpoint that "the basic virus" can be converted either into an A virus or into a B virus is completely

speculative.

The entire variability of influenza viruses is regarded as movement around a tight circle rather than as a progressive process or development.

The idea of the existence of a large number of influenza viruses aside from those known has very little basis.

Therefore, Andrewes hypothesis is fantastic and erroneous.

Burnet (1946) in his monograph "Virus as Organism" devotes a special chapter to influenza.

Certain general considerations which he expressed in this book deserve attention.

Among them are, for example, the standpoint that infectious diseases should be studied primarily as an ecological problem of interaction between two species of organisms.

Unfortunately, much of the author's reasoning is based on speculative analogies or not very reliable data.

Thus, for example, based on the hypothesis of the origin of the majority of epidemic diseases of mankind from similar animal diseases, Burnet draws the conclusion that swine constitute the reservoir of the influenza virus, although afterwards he makes the reservation that any attempts to establish the history of the influenza virus evolution are premature.

This, however, does not keep him from continuing to construct his analogy and expressing the idea of the latent carriage of the influenza virus by man and of the liberation of the latter from cells under the influence of nonspecific infection or an external stimulus.

In discussing further the theory of O-D-variations which he propounded he reduces all the phenomena of influenza virus variability to the survival and spread of the fittest mutants and even considers that **a single such mutant occurs spontaneously in every million particles of influenza virus.**

The factual side of this problem and the methodological error of Burnet's conception were analyzed above.

Nor did he succeed in making any generalizations

concerning the lines of variability of the influenza viruses although he had promised that he would at the beginning of the chapter.

A preconceived notion of the possibility of occurrence of dangerous mutants stimulated him a priori to reject the method of immunization against influenza through the respiratory passages using live vaccine virus which he had suggested.

The views of Fal'kovich concerning the interrelationship of the influenza virus and the Bacillus Influenzae of Afanas'yev-Pfeiffer are constituted by a distinct recurrence of pleomorphism.

In a number of works Fal'kovich and other workers in the Moscow Institute imeni Mechnikov (Fal'kovich and Yanushevich, 1947; Fal'kovich, 1947; Ginzburg, 1947) show that the Bacillus Influenzae has much in common with the virus of influenza. In experiments on mice they showed a corresponding effect of the Bacillus Influenzae on the development of Influenzal Pneumonia.

The sera of animals immunized with Bacillus Influenzae produced neutralization and complement fixation with the influenza virus.

After subjecting the Bacillus Influenzae to freezing and thawing or to grinding of washings containing it with agar, Fal'kovich infected mice with this material and produced a chronic pneumonia which was transmitted in subsequent passages.

The basic idea of this work is the not always distinctly expressed **idea that the influenza virus and the Bacillus Influenzae are stages in development of the same pathogen.**

Otherwise, it would be difficult to understand the hazy expression **"interrelationship", which, as the director of all these works, Krestovnikova interprets specifically in this sense (Krestovnikova, 1947).**

The authors speak of **"the interrelationship" between the influenza virus and the Bacillus Influenzae, basing their conclusions on the similarity of the antigenic structure of both causal organisms.**

It was shown that lysates (a fluid containing the contents of lysed cells) of the Bacillus Influenzae absorb the influenza virus onto themselves, ***which latter exists in the air*** *and on articles in the rooms in which the experiments were being performed with infection of mice with the influenza virus (Kravchenko and Sekretta, 1949).*

It has been shown that in the course of the epidemic process a continuous change in the antigenic structure of the influenza viruses occurs under the influence of specific immunity to it which develops in the population.

Finally, it was established that the pathogenic properties are elaborated by the virus in the course of overcoming the protective forces of the organism. Shope (1941, 1943) injected H. Influenzae (bacteria) suis intramuscularly and produced virus influenza in apparently healthy animals.

Clinical Characterization of Influenza

General Symptoms

Influenza is distinguished by its high degree of infectivity and is accompanied by general toxic and catarrhal signs.

The toxic state usually is manifested beginning with the very start of the disease; the catarrhal lesions of the mucous membrane of the respiratory tract may occur after a delay or may be absent.

Most often, influenza begins suddenly, without prodromal signs.

The general toxic state is expressed in a chill, headaches, sometimes dizziness, fever, depression and rheumatic type pains, as well as adynamia, hypotension, nausea, vomiting once or repeatedly, tendency towards perspiration, cutting pains in the eyes, etc.

Along with the general toxic signs a facial hyperemia develops, with congestion of the conjunctivae, sometimes of the sclerae, lacrimation, and photophobia.

The condition of many patients appears extremely severe.

Thereby, the severity of the clinical picture increases very rapidly, sometimes during the course of several hours, which distinguishes influenza from certain diseases which develop gradually (typhus and typhoid fevers, etc).

The patients are sluggish, apathetic, drowsy, sometimes somewhat excited, and suffer from insomnia.

This acute, severe condition lasts usually for a short time, one to 2 to 3 days, and rarely 4 or 5 days if the cause of the disease does not have any serious complications.

After this, a considerable improvement occurs in the patient's condition, and he recovers during the course of several days.

Of the general toxic signs adynamia lasts longest, and this may make itself felt for quite a long time (1 or 2 weeks or more) after the disappearance of all the other pathological signs.

The pneumonias described above by various authors are apparently secondary complications of influenza and are caused by the microbial flora (pneumo- and streptococci, Bacillus Influenzae).

Pneumonias of hemorrhagic nature (bleeding into the lung) were encountered particularly frequently during the pandemic of 1918-1919 (pneumonias of the "Spanish Flu" type).

As has been mentioned above, secondary influenzal pneumonia is the result of a mixed additional infection, a superinfection.

The influenza virus injures the epithelium of the mucous membrane of the respiratory tract (Smorodintsev, 1938; Malomuzh, 1950, 1952).

It depresses the protective forces of the body and reduces the resistance of the mucous membranes when microbes act on them.

Among the latter, the X-group of pneumococci, hemolytic streptococci, staphylococci, Bacillus influenzae, the Micrococcus catarahlis, which increase considerably in numbers in the nasopharynx and pharynx during the first few days of the disease (by a thousand times according to

Smorodintsev) are of principal importance.

According to Zil'ber and Baydakova (1945), the influenza virus increases the permeability of the pulmonary epithelium.

Mention was made above concerning the virus nature of the primary hemorrhagic pneumonias.

It is very probable that the fulminating fatal pneumonias of the "Spanish Flu" type (1918-1919), **although various bacteria were also isolated in them** not uncommonly (Heath, 1919).

When the pneumonia occurs during the period when the body is free of the influenzal toxic state it has a more benign course, because the organism can cope more readily with this new additional infection.

This has been noted also by Tushinskiy, Korovin and Kovalev (1946).

Pneumonias which develop at the beginning of influenza can proceed with a normal leukocyte count or even with leukopenia.

Sometimes catarrhs of the respiratory tract are taken for influenza, as well as catarrhs which have been produced by chemical or mechanical agents - dust, gases and others.

In persons suffering from chronic diseases of respiratory organs, throat, nasal sinuses (rhinitis, nasal polyps or deviation of the nasal septum, sinusitis, tonsillitis and others), certain symptoms (coryza, pain on swallowing, cough) accompanying these diseases are usually taken for "the main" symptoms of influenza.

Sometimes, dysentery or acute gastrointestinal diseases are considered to be influenza, because the physicians associate them with the gastrointestinal form of influenza about which they have heard while they were still students.

Most often, it occurs in the presence of a febrile reaction in persons suffering from chronic but not from acute catarrhal disease of the respiratory tract.

This is how the diagnosis of influenza is made, sometimes with an interpretation of it as a gastrointestinal or toxic form, etc.

Analysis of Various Manifestations of the Toxic State

Chill: The chill is not always marked. Most often, the disease begins only with a chilly feeling, and sometimes the chill is absent entirely. Not uncommonly, the patients note a chilly feeling on the 2nd day of the disease, and from time to time, on the 3rd day.

Dizziness: As an expression of the toxic state dizziness occurs-beginning with the first few days of the disease. It can occur also when the patient is lying down. Not uncommonly, a brief period of dizziness observed in the later periods of the disease (3rd to 4th day) occurs if there is any violation of the bed-rest routine.

Headache: Headache may be very severe and is usually concentrated in the anterior half of the head - in the supraorbital area, in the temples, in the forehead, which distinguishes influenza from a number of other infectious diseases in which the pains are felt throughout the head.

The patients rarely complain of pains in the parietal area, in the occiput or in the entire head. Headache lasts for a short time and usually disappears when the temperature drops.

Fever: Certain infectious diseases are distinguished by a very-typical temperature reaction, for example, malaria or relapsing and typhoid fevers. May this be said also with respect to influenza?

Depression, rhemuatic pains, pains in the bones, muscle, less often in the joints, lumbar region, extremities, back or throughout the body occur beginning with the onset of the disease and lasts for a short time, 1, 2, 3 days, **disappearing with the decrease in the fever and the other signs of the toxic state.**

Adynamia: General weakness may be marked at the beginning of the disease. It begins to decrease with the improvement in the general condition of the patient and lasts longer than all the other signs of the toxic state.

Nausea and single or repeated vomiting as well as other signs of a functional involvement of the nervous, vascular

system, etc. also observed from time to time at the beginning of the disease belong to the signs of the toxic state. Vomiting can sometimes be associated with the taking of drugs, for example sulfonamides.

The vascular system usually suffers in influenza, whereby this is sometimes extremely severe, bringing the patient to a state or collapse and a fatal outcome.

This is understandable from the pathogenesis of influenza, which usually leads to an involvement of the blood vessels and a depression or the sympathetic functions of the vegetative nervous system as a result of the toxic influence of the vasomotor nerves.

These changes depend on the general toxic affect of the infection on the vegetative nervous system, which regulates the gastric secretion, with the predominance of a sympathetic effect in some patients and a parasympathetic effect in others. **After the body has been freed of the influenzal toxic state and of its consequences the secretory function of the stomach gradually becomes normal.**

Locomotor Organs: Pathological phenomena in the organs of locomotion (bones, muscles, joints) represent an expression of the toxic state in the acute stage of influenza.

The patients complain of a feeling of depression, rheumatic type aches, pains in various parts of the body, in the extremities, lumbar region, in the back, in various muscle groups, in the calves, in the chest, cervical or spinal muscles, etc., and less often in the joints.

From time to time in our hospital arthralgias and sometimes myalgias have been noted in the acute stage of the disease, **in addition to the general toxic signs in the form of depression and rheumatic pains, in various bones, muscles and joints; these were observed in 60% to 81% of the cases of influenza.**

Toxic signs observed in influenza - chill, fever, depression, etc. - attest to the involvement of the central nervous system.

The patients are frequently apathetic, drowsey, "as in encephalitis."

According to the data of Stuart-Harris and co authors

(1938), insomnia was noted in 32% of them.

Sometimes ephemeral cerebral and meningeal signs are observed.

Certain clinical signs, for example, facial hyperemia, hyperemia of the mucous membranes of the respiratory tract, eyes, tendency toward perspiration, increased secretion of the nasal mucosa, changes in the capillaries, hypotension, etc. represent the result of vegetative nervous system involvement, which is expressed in an increase in its parasympathetic and a depression (Medvedev, 1954) in its sympathetic functions.

At the climax of the disease increased reactions are observed from various peripheral nerves.

The authors frequently noted neuralgias of various branches of the trigeminal nerve, intercostal and other nerves, involvement of the facial nerve as well as radiculitides, different kinds of hyperesthesias and anesthesias, Homer's syndrome, anisocoria, **and a whole series of other nerve signs the majority of which disappeared simultaneously with the decrease in temperature and with the cessation of general toxic signs.**

Man'kovskiy, Mints and Raygorodskaya (1952) write about the exacerbations of chronic nervous diseases in influenza and of relapses and provocations of nervous system infectious processes of other etiologies (multiple sclerosis and others).

The toxic signs constitute the principal general signs of influenza, in comparison with which the local catarrhal lesions at the beginning of the disease become less prominent.

Sense Organs: The sense organs suffer considerably in influenza. Definite signs of involvement of them are observed, and sometimes also serious complications.

Changes in the eye observed at the climax of the disease (cutting feeling, pains in the eyes, etc.) occur simultaneously with the disappearance of the toxic state.

A certain (temporary) decrease in hearing may be observed as a result or the toxic state or or complications in the ear.

The olfactory disturbance may be the result of a toxic process and perhaps of a pathological one in the olfactory nerve, as has been shown in the laboratory of Professor Vinnikov (Tret'yakova, 1952)

Rozenberg also notes a gustatory disturbance in influenza; Barkhash (1939) indicates a loss of taste.

Not uncommonly, influenza patients complain of a reduction in taste sensation, or an absence of it, or tastelessness of the food at the climax of the disease.

These signs are usually associated with a loss or appetite and possibly with a toxic involvement of the gustatory nerves. They disappear rapidly with the improvement of the general condition and with the mitigation of the toxic state.

Some of the most pronounced signs of the toxic state including fever, which comprise the clinical basis of influenza, may be absent. When fever is absent we have the so-called "afebrile or non-febrile" form of influenza.

In children under 1 year of age influenza is accompanied by signs of intoxication, whereby the toxic states has its own definite characteristics.

For the purpose of including all the clinical forms of influenza and taking account of the severity of the course we are suggesting the following classification of influenza.

Usually (80% or more) cases are observed in which the main signs of influenza are present: signs of a toxic state (fever, headache, adynamia, and others), in varying degrees of severity, and catarrhal signs of the respiratory tract (coryza, cough, etc) occurring from the beginning of the disease or after a certain delay.

This form is usually "typical" of influenza and can occur without complications or give rise to complications in various organs and systems.

All kinds of diseases accompanied by a general toxic state are taken for influenza." - V. M. Zhdanov, V. D. Solov'ev, F. G. Epshtein, with contributions by A. S. Gorbunova, L. L. Fadeyeva, L. Ya, Zakstel'skaya, in "The Study of Influenza", 1958.

Editor Note:

"This Part needs to be explained in order to be correctly understood, in its happenings, and the experiments and observations of same.

First and foremost it is imperative to know that the absolute smallest living thing in the physical world is a uni-cell structure, thus, germs such as bacteria and other microorganism.

This germs, because they are alive, and everything that is alive produces metabolic waste. Some germs, bacteria, micro-organisms, their metabolic waste is more poisonous in composition than others. It is absolutely imperative to understand a so-called "virus" is no more no less than metabolic waste from micro-organism. The good news is that our body systems can cope with this blood poisoning metabolic waste, as these micro-organism live inside and outside of all living matter.

These metabolic waste substances only become an endurance to the body system when the the amount of the pathogenic germs over grow in the body the amount of the good germs.

Life without germs is impossible, in fact without germs animal life could not exist (experiments have been done in lab, in mice and attest to this, they become deformed, and cannot function properly).

When it says that:

> *"It was shown that lysates of the Bacillus Influenzae absorb the influenza virus onto themselves, which latter exists in the air."*

The written observation is their understanding.

Which is partially correct, in their assumptions.

What is actually happening is that the so-called "virus" (metabolic waste) is absorbed, but rather excreted.

And yes the most common manner, for bacteria such as the Bacillus Influenzae (**which lives and is commonly**

found as a member of the normal flora of the nasopharynx) can and it does, be transmitted by sneezing from one person to the other.

Now, as an example, if a person is with a cold, chances are that the person will have a greater mount of pathogenic bacteria, and when it sneezes the other person will acquire, inadvertently, an extra amount of germs.

And because germs are alive they multiply, and the more germs of the pathogenic kind, the more metabolic waste (virus) will produce.

Remember that all excrement, from all living things, is poisonous, even the excrement of bacteria is poisonous to the same bacteria which excretes its metabolic waste.

If the person is in a good health condition and its blood is slightly alkaline, the same blood within the system will keep a check on the capacity of development within the system.

If the person, for example, has enough Vitamin C (all vitamins are antimicrobial, antibacterial), in their blood stream, then a good metabolic state of body health, combined with an adequate amount of sunlight and a healthy diet, with will fence of any serious cold.

> *"**Pneumonias of hemorrhagic nature** (bleeding into the lung) were encountered particularly frequently during the **pandemic of 1918-1919** (pneumonias of the **"Spanish Flu" type**)."*

Please note that the 1918-1919 period coincides with the end of the World War I, and both the military and the civilian population where affected by the type of gases used such as: chlorine, mustard gas, bromine, and phosgene.

So the effect on the lungs of those who inhaled it was fatal, that with the cold of winter, just brought an extra burden to the body system. Further more to add insult to injury the Medical Trade where treating the flu with aspirin, which further, damaged the lungs." - Editor

The Toxicity of Pneumonic Lungs

"In lobar pneumonia the toxemia is ascribed largely to toxic substances from virulent pneumococci.

Numerous investigations have shown that pneumococci do not produce appreciable amounts of soluble toxin in cultures, although the work of Neufeld and Dold,

Rosenow and Cole indicate that **a toxic substance is produced from the cocci or contained within them which, when liberated, is capable of producing death in animals with symptoms and lesions suggestive of anaphylaxis.**

Cole regards this pneumotoxin as preformed in the bacterial cell; the studies of Cohen, Weiss and Kolmer generally confirm these observations.

While this toxic substance may be elaborated during lobar pneumonia in sufficient amounts to account in large part for the toxic symptoms in addition to probably influencing enzymic processes, our experiments show that its production in vitro is quite irregular, that large numbers of virulent pneumococci are required for its production, **and that relatively large amounts of it are required to produce intoxication of animals.**" - Charles Weiss, John A. Kolmer, Edward Steinfield, McManes Laboratory of Experimental Pathology of the University of Pennsylvania, in "The Toxicity of Pneumonic Lungs", 1918.

"Influenza": Comes from the Italian expression; "lnfluenza di Freddo", the Effect of Cold.

Mechanism of Adaptation Are Not Diseases

"In the end of the 17th century in Europe we have an English Observer, Thomas Sydenham, that observers that in the North Hemisphere **in the beginning of autumn, the transition from summer to winter, the organism, and the human communities enter in a change of temperature**.

In general pain, in appetite, and in respiratory manifestations, and digestive manifestations in others.

This is what is denominated Influenza A. Which comes from the Latin and it means transition from one season to another. From; Hot to Cold.

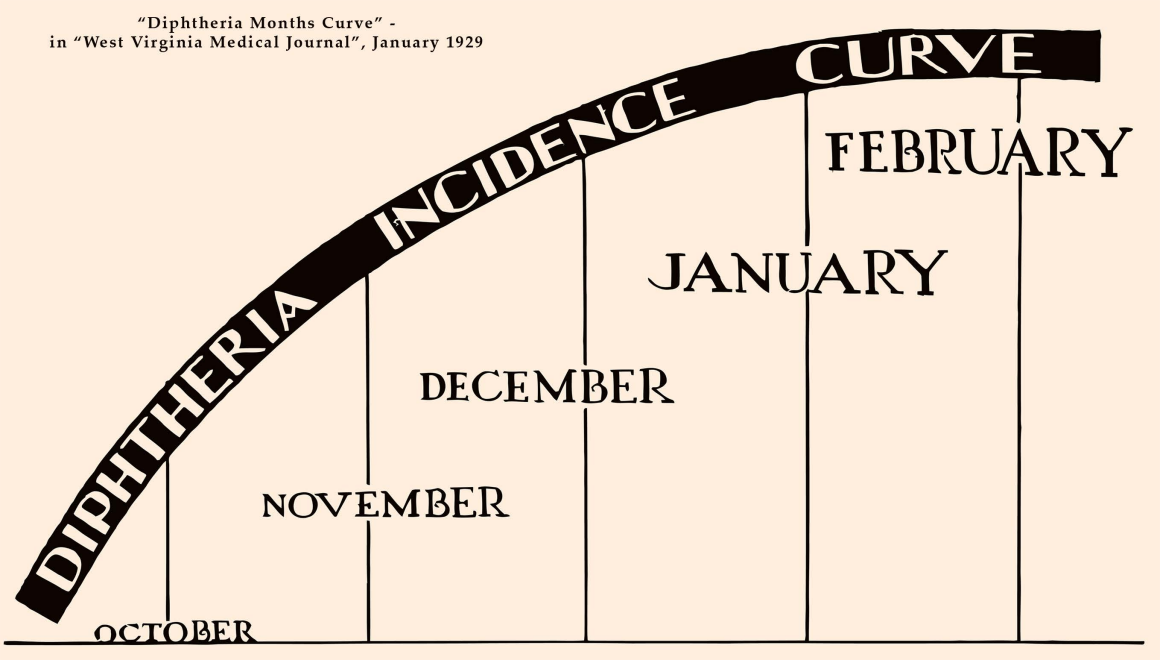
The British continue to use the term correctly, and historically to clarify the concept. Why does it coincide that in the North Hemisphere in the months of March and April, and May and June in the South Hemisphere, with these symptoms of tiredness, pains, lack of appetite, respiratory symptoms and digestive symptoms? Because there are some conditions that occur; which are mechanism of adaptation, which are not diseases. They have called it a disease, and with that they have closed our mouths. The Mechanisms of Adaptation, **which are called the symptoms, want to say things; that when you pass from a season to another the system as to regulate its thermic system, that is synonym of immune system.**"- Dr Xavier Uriarte, MD, in "Conferencia sobre la gripe, Covid-19", 18 January 2021.

Thomas Sydenham (1624-1689) was an English physician. Author of "Observationes Medicae", which became a standard textbook of medicine for 2 centuries so that he became known as "The English Hippocrates". Among his many achievements was the discovery of a disease, Sydenham's chorea, also known as St Vitus' Dance.

Homeostasis and Thermal Stress

"The signs of Heat Stroke are: **Fever increased body temperature (up to 47°C), Dizziness, Weakness, Confusion, Drowsiness, Nausea, Anorexia, Anxiety, Headache, Disorientation, Tachypnoea and Hyperventilation leading to alteration in acid base balance.** Treatment involves reducing the heat load, increasing heat loss, **prevention of any convulsions and seizures and establishing correct water, salt and acid base balance.** These and the physiology, biochemistry and clinical aspects of heat stroke." - in "**Heat Stroke and Temperature Regulation"**, 1983.

"Diphtheria Months Curve" -
in "West Virginia Medical Journal", January 1929



The Effects of the Toxic Burden Upon the Body Varies with the Time of Year

"During the course or investigations which have been made during the past 2 years on the transmission or immunity to diphtheria toxin in guinea-pigs it was observed that a seasonal variation in the dose was necessary in order to cause the death of control animals.

This variation was seen to follow somewhat the time or year at which the teats were made, so that during summer a larger dose was necessary than during the winter.

We found also that in winter a guinea-pig took a longer time to come up to the standard weight of 250 grms., than in summer, and that the lethal dose varied directly with its age. The loss in weight of guinea-pigs in the first few days after an injection may often be taken as an indication of the day upon which the animal will die. The ratio between the loss in weight and day of death **varies with the time of year.**

Summary

1. A larger dose of toxin is necessary to kill a guinea-pig of the same weight in summer than in winter.

2. The rate of growth of guinea-pigs is more rapid in the summer months.

3. The weights of guinea-pigs are least affected by lethal doses in summer.

4. For guinea-pigs of the same weight the fatal dose increases with the age.

Conclusion

These results show that it is of importance when dealing with the fatal dose of a toxin, or with any conclusion drawn from the loss in weight of an animal, **to take into consideration the time of year when the**

experiment was performed." - Henry J. Südmersen, A. T. Glenny, **from the Wellcome Physiological Research Laboratories,** London, in "Variation in susceptibility of guinea-pigs to diphtheria toxin", Journal of Hygiene, November 1909.

Water The Principal Chemical Constituent Of The Human Body

"Water (total body water) is the principal chemical constituent of the human body. For an average young adult male, total body water is relatively constant and represents 50% to 70% of body weight. Variability in total body water is primarily due to differences in body composition. Total body water is distributed into intracellular fluid (ICF) and extracellular fluid (ECF) compartments. The ICF and ECF contain about 65% and 35% of total body water, respectively. The ECF is further divided into the interstitial and plasma spaces. Water balance represents the net difference between water intake and loss. When losses exceed intakes, total body water is decreased. When body water deficits occur from sweat losses, a hypertonic hypovolemia generally results. Plasma volume decreases and plasma osmotic pressure increases in proportion to the decrease in total body water. Plasma volume decreases because it provides the fluid for sweat, and osmolality increases because sweat is ordinarily hypotonic relative to plasma. Human water and electrolyte needs should not be based on a "minimal" intake, as this might eventually lead to a deficit and possible adverse performance and health consequences." - in "Human Water and Electrolyte Balance", Present Knowledge in Nutrition, 2006.

"Toxemia can cause stroke, as well as blood clotting difficulties. High blood pressure always warrants the attention." - in "Foods & Nutrition Encyclopedia", 1993.

"About one third of deaths today are due to disease of the heart and circulation. Any generalized Toxaemia may be associated with cardiac weakness. Severe pneumonia (particularly those due to staphylococci and Frielander's bacillus), typhoid fever etc. **can all be associated with myocardial damage."** - in "Essential Cardiology", 2012.

The Murky Theory of Viruses

"**The evolutionary history of viruses represents a fascinating, albeit murky, topic for virologists and cell biologists.** Where viruses came from is not a simple question to answer. **One can argue** quite convincingly that certain viruses, such as the retroviruses, arose through a progressive process. Mobile genetic elements gained the ability to travel between cells, becoming infectious agents. **One can also argue** that large DNA viruses arose through a regressive process whereby once-independent entities lost key genes over time and adopted a parasitic replication strategy. **Perhaps** today's viruses arose multiple times, via multiple mechanisms. **Perhaps** all viruses arose via a mechanism yet to be uncovered." - David R. Wessner, Ph.D., in "The Origins of Viruses", Nature Education 2010.

"In the summer of 1935, Wendell Meredith Stanley of the Rockefeller Institute for Medical Research emerged as a major scientific celebrity. **Newspapers, Magazines, and Radio Broadcasts hailed his work as revolutionary**, comparing him to Louis Pasteur, and many scientists credited him with finding the key to the riddle of life.

By successfully isolating the tobacco mosaic virus (TMV) in apparently pure crystalline state, Stanley seemed to have demonstrated that the mysterious submicroscopic organisms were protein molecules, or a special class of enzymes. **His discovery, for which he received the 1946 Nobel Prize** in chemistry, has also come to be viewed, with much justification, as the symbolic beginning of molecular biology, having inspired several scientists to approach the gene on a molecular level-especially Max Delbruck, who

went on to establish a research program in viral genetics.

Yet Stanley's work was flawed by technical errors and misconceptions. How can we explain these technical and conceptual errors in the light of the international recognition bestowed on the young Stanley and his leadership in science? A close examination of Stanley's early career at the Rockefeller Institute reveals that Stanley entered the virus field with few preconceived ideas but soon adopted the intellectual program and biases of the institute.

Moreover, **most of Stanley's physical theories of crystal growth in relation to enzymes and viruses had been derived from the aborted protein theories of the physicist Irving Langmuir, and his later application of virus research to genetics depended largely on concepts, some of them erroneous**, suggested by H. J. Muller." - Lily E. Kay, in "W. M. Stanley's Crystallization of the Tobacco Mosaic Virus, 1930-1940", Isis, September 1986.

> ***"Viruses may be highly specific, so specific that a given virus will infect and cause disease only in one kind of cell in one kind of animal, and hence under many conditions may not be infectious at all."*** *- "Medicine Today, Report on Decade of Progress", 1960.*
>
> ***"Virus may cause cancer and a virus may destroy cancer."*** *- in "Proceedings of the American Philosophical Society", Vol. 101, 1957.*

"In the sub-section dealing with micro-organisms which cause so-called "infections" from within, regress, rather than progress has been made; and this has come about from the assumption that viruses are the cause of the equivalent manifestations in plants, animals, and man, which go by the names of "mosaic", "distemper", and "influenza", after having been unable to find specific bacteria as causative agents of these wrongly-called infections."

The only true infections are those which originate from micro-organisms which cause infections from without. These micro-organisms developed from those which play a

role (that is, only a subordinate one) in the production of so-called "infections" from within; and there exist still other micro-organisms which unite the two groups.

Viruses are not micro-organisms, but minute parts of the protein, chloroplasts, red blood corpuscles, and cytoplasm of cells (inclusion bodies) which are broken off in the process of the over-expansion which these cells are made to undergo by the protein over-contracting.

Ammonium sulphate, owing to its breaking down properties, may release sufficient of the right kind of "activity" to stimulate plant growth, but, once this supply has been used up and the soil has been denuded of its life content, either the plants wilt, show evidence of mosaic, and become the habitat of bacteria, fungi, and animal parasites, as a result of the protein in the sap first over-expanding and later over-contracting, thus causing the acute and sub-acute manifestations; or they become dwarfed and hypertrophy as a result of the protein in the sap over-contracting at the junction between the attractor-and storer-functioning portions, thus causing the chronic and inherited manifestations. Wilting is the most acute manifestation, and it is the result of the over-expansion of the protein in the sap being reflected directly upon the cytoplasm of the cells of the structures. More often, the reflection on the cytoplasm is the reverse of the damage suffered by the protein.

In other words, if the protein over-contracts before the cytoplasm over-expands to produce manifestations of disease, mosaic is one of the, first manifestations to appear in this way, because the damage suffered by the protein is reflected upon the chloroplasts before it is reflected upon the structures.

The overexpansion of the chloroplasts causes the uppermost part of the radiator-functioning portion, which is composed of potassium chloride, ribose, and nucleic acid, to be separated from the head, which consists solely of nucleic acid.

The separated part of the product is known as the "virus" and as the "inclusion body" when the cytoplasm of the cells of the structures suffers the same fate. Viruses

and "inclusion bodies" are thus seen to be products, and not causes, of disease, and to be in no way related to microorganisms.

No better example than that of the formation of viruses can be adduced to show the danger of the practice of differentiation, especially in the oecological field.

This practice has made authority decree that viruses are the causes of distemper, and influenza, which are the equivalents in animals and man of mosaic in plants, and of most of the other manifestations of disease in plants, animals, and man, whose causes have eluded discovery.

Viruses should be a lesson to governments never to bureaucratise research, and, were they to pay heed to this and to remember that more progress is made by individuals than by collective bodies, there would be fewer authorities to stand in the way of advance." - Professor Dr James Eustace Radclyffe McDonagh FRCS in"The Nature of Disease Institute, First Annual Report", 1948.

The Relation of Viruses (Metabolic Waste), to Cellular Constituents and to Cellular Functions

"**A common question asked by high school students and their teachers is whether viruses are alive.**

They are indeed alive, at least **from the time they enter cells** and **until infectious progeny egress the cell**.

In the case of herpes simplex viruses 1 and 2 (HSV-1 and HSV-2), the initial events post entry into cells determine both the nature and outcome of viral lifespan.

Thus, on encounter with appropriate cell surface receptors, the viral envelope fuses with the plasma membrane, the capsid is transported to the nuclear pore and the 152+ kilobase linear double stranded DNA is released through the pore into the nucleus.

In sensory neurons, the outcome of nuclear entry is the repression of the viral genome, with the exception of the gene encoding the LAT (Latency Associated Transcript or LAT) RNA that persists in the infected neuronal cell.

In nonneuronal cells, a series of events leads to sequential transcription of viral genes, suppression of host responses to viral infection and ultimately to the synthesis and assembly of viral progeny.

The focus of this article is on the relatively short interval between viral DNA entry into the nucleus and the full blown transcription of viral genome." - Bernard Roizman, Haidong Gu & Gail Mandel, in "The First 30 Minutes in the Life of a Virus: **unREST in the Nucleus**", Cell Cycle, August 2005.

> ***"All, nitrogenous food, animal or vegetable, contains a potential poison. Whether untoward effects are produced or not depends entirely upon the metabolic efficiency of the individual in respect of the particular protein concerned. If the metabolic capacity of an individual is insufficient to deal with this poison, without undue reaction, manifestations are produced." - Dr R. Curtis-Brown, MD, in "BMJ", 24 January 1925.***

Certain Large Protein Molecules (viruses)

"**Certain large protein molecules (viruses) possess the property of multiplying within living organisms.**

This process, which is at once so foreign to chemistry and so fundamental to biology, is exemplified in the multiplication of bacteriophage in the presence of susceptible bacteria." - Dr Emory L. Ellis, Max Delbruck, Fellow of The Rockefeller Foundation, William G. Kerckhoff Laboratories, Biological Sciences, California Institute of Technology, Pasadena, in "The Growth of Bacteriophage", he Journal of General Physiology, 20 January 1939.

The Indoctrination Of A Theory Without Logical Bases

1. Certain Large Protein Molecules (viruses).

- Natural body Metabolic Waste, that can be both from, as the result, of the products of digestion, and the excrement, wast molecules from both bacteria, and other germs.

2. Possess the property of multiplying within living organisms.

- There in no multiplication, there is contamination, followed by corrosion, disintegration of uni-cell structures such as leucocytes (white blood cell), or a uni-cellular living organism a bacteria or germ. Uni-cellular (1 cell), organisms are the absolute chemically possible structures to hold, represent and express live. To state, that "Certain Large Protein Molecules", which aren't even a cell have the capacity of reproducing, without having a brain nor a central nervous system. In other words this simple but unchangeable physical, chemical and biological law, the smallest form of life is one cell (1 cell), uni-cellular.

"Living" "viruses", or the concept which the common man or individual has been made to believe, that "viruses" (Certain Large Protein Molecules from metabolic waste) are some how natural living organisms, exist only in their depiction in Holywood movies, and in computer generated graphics.

3. This process, which is at once so foreign to chemistry.

- It is illogical and totally contrary to the laws of chemistry, that a non living thing (life-less), and lacking the needed and very basic chemistry components to represent life.

4. **And so fundamental to biology, is exemplified in the multiplication of bacteriophage in the presence of susceptible bacteria.**

- "And so fundamental to biology", this is misleading, what is: "so fundamental to biology"? Does the laws that apply to chemistry don't apply to biology?

Does biology allows for "Certain Large Protein Molecules": life-less and not uni-cellular to become alive?

"The multiplication of bacteriophage in the presence of susceptible bacteria", in other words; the "multiplication of bacteriophage", requires the "presence" of certain "susceptible bacteria". In other words, the theory of "viruses" requires the pre-existence of (not all), but certain specific bacteria to be present.

One just wanders, if **by any chance this "susceptible bacteria", include by any coincidence, for example any of the more than 400 types of bacteria, and germ that are known to produce Pneumonia.**

> *"We concur with d'Herelle that the bacteriophage is a particulate substance. Being particulate does not in and of itself imply its living nature. We question the theory of its being an ultramicroscopic virus in that adequate proof is lacking for this conception.* ***However, it is possible to conceive of an ultramicroscopic particulate substance, diastatic in its action, granular in form and inanimate, which may be derived from the bacterial cell during a stage in its life cycle as a result of the influence of tissue cells of the host have had upon it.****" - Earl B. McKinley, Margaret Holden, Department of Bacteriology, College of Physicians and Surgeons, Columbia University, New York, in "The Nature of Bacteriophage", The Journal of Infectious Diseases, December 1926.*

> *"Conflicts of interest cloud vaccine safety research. Sponsors of research have competing interests that may impede the objective study of vaccine side effects. Vaccine manufacturers, health officials, and medical journals may have financial and bureaucratic reasons for not wanting to acknowledge the risks of vaccines." - Gayle DeLong, in "Conflicts of Interest in Vaccine Safety Research", Accountability in Research, 2012.*

Indoctrination by Proxy

Sensing that the both Academia and Medical Trade Practitioners where not buying into the living virus theory.

"The Lancet" a commercial for profit publication, that serves as a mouth piece for the Medical Trade, well-known for its pages being used to coerce Foreign Governments ("Yet, perhaps the biggest threat to Brazil's COVID-19 response is its president, Jair Bolsonaro", COVID-19 in Brazil: "So what?", Editorial, The Lancet, 9 May 2020).

Published again the following indoctrination push, in its editorial of 10 September 1927:

> *"It is difficult to admit that such a phenomenon may be due to a living virus since it introduces a new conception. We have long been accustomed, quite irrationally, to regard bacteria as the smallest of living bodies limiting our purview to the accidental powers of the immersion lens and to shut out of our minds the possible existence of still smaller bodies leading individual or parasitic lives. Whatever the nature of the bacteriophage may ultimately prove to be, the phenomenon shows that large molecular groups upon the borderline of what we call life may possess some whilst lacking other of its attributes which we find so difficult to define." - in Editorial "The Lancet", 10 September 1927.*

1. **It is difficult to admit that such a phenomenon may be due to a living virus**

- You can bet, it is impossible to swallow such illogical and unproven nonsense.

2. Since it introduces a new conception.

- You can bet it is "**a new conception"** that has never been proven, as they say in "Old Ye England", the proof is in the pudding, in other words "the proof of the pudding is in the

eating".

3. We have long been accustomed, **quite irrationally,** to regard bacteria as the smallest of living bodies limiting our purview to the accidental powers of the immersion lens and to shut out of our minds the possible existence of still smaller bodies leading individual or parasitic lives.

- There is nothing **"quiet irrational"** on understanding that uni-cellular organisms are the smallest possible living structures. In fact it is "quiet logical", should we say "solid logical", to understand and comprehend that one cell (1 cell) is the de-facto lowest possible structure and form capable of sustain life in a three dimension space. For a body to exist it needs to have at least the very minimum a cell in this case one cell (1 cell).

4. Whatever the nature of the bacteriophage may ultimately prove to be, the phenomenon shows that large molecular groups upon the borderline of what we call life may possess some whilst lacking other of its attributes which we find so difficult to define.

- **"Whilst lacking other of its attributes which we find so difficult to define"**, thus, it is this **"lacking other of its attributes",** that shows how lacking is this theory of viruses being build upon, which is no more than a sandcastle.

The Action of Ultraviolet Light Upon the Bacteriophage

"**In a recent communication we have called attention to the action of ultraviolet light upon the bacteriophage.** Exposure, for 40 minutes at 30 centimetres distance, of a given concentration of bacteriophage active against a strain of B. coli which we designated "B. coli D" because of its diffuse growth in broth, **was sufficient to destroy the lytic principle. The susceptibility of the bacteriophage to the action of ultraviolet rays is suggestive of its living nature though it is well known that enzymes are also destroyed by them and such a criterion would not serve in proving**

this point." - Earl B. McKinley, Margaret Holden, Department of Bacteriology, College of Physicians and Surgeons, Columbia University, New York in "The Nature of Bacteriophage", Journal of Infectious Diseases, Dec., 1926.

The question then arises:

Knowing this that "Exposure, for 40 minutes at 30 centimetres distance, of a given concentration of bacteriophage, was sufficient to destroy the lytic principle."

Why people been forced to be indoors during the "Pandemic" of Covid-19, in some countries for a period greater than 9 months, without the benefit of sunlight, and its abundant ultraviolet light?

"Alive" from the Time they Enter Cells

Let's ponder for a second, so **viruses are not alive on their own**, but are alive only, and are **only alive when they enter a cell!**

In other words there is no living virus, there is no living cell, what there is, is debri, either a particle, or metabolic waste.

Now (as an illustrative example) lets call the human body, a person and individual = a cell.

So a human body is a cell.

And lets call deep fried food in seed oils (metabolic waste) = a virus.

Thus if a person eats for a month only, and exclusively in deep fried foods, the person will eventually experience the following cutaneos eruptions of the skin (the cellular wall).

The person will start by having the effect from the metabolic waste, produced from the the type of food ingested, for example from: Unhealthy deep fried food, and from highly processed food consumption (as an example), the following symptoms will inevitably start to appearer progressively, in succession:

1. Acne (in the beginning),
2. Eczema, Rosacea, Lupus, Etc... (in between),
3. Psoriasis (in the end).

So, the so-called "Certain Large Protein Molecules" "virus" (metabolic waste), are the "virus" which aren't alive.

But when (for example): hydrogenated fried oil, is consumed in the form of fried foods, the body - which is the cell - becomes "infected" by the "virus" (metabolic waste).

So: Acne, Cold Sores, Actinic keratosis, Eczema, Rosacea, Lupus, Psoriasis, Etc, etc....

Are causes by "viruses" (metabolic waste).

So when you see the so-called living viruses, when the Medical Trade shown images of so-called viruses, they are showing body cells, such as lymphocytes (or any other cells). This cells are being affected by coming in contact with the debri (metabolic waste) which acts upon the cells changing its external appearance of their outer surface, in the same way, and manner, that the metabolic waste produced by the exclusively consumption of unhealthy deep fried food during a month will produce in the skin of any individual. The pathological changes upon the skin of each individual will start to show, as soon as the organs of excretion become over whelmed by the amount of metabolic waste that needs to be removed from the body system.

The Nature of Bacteriophage

"In spite of our lack of knowledge of the nature of the principle, it must be admitted that its action is more in the nature of a virulence. Valence applies only to the degree of combining power of an element or radical. Its biological use is not only rare but does not apply to the action of bacteriophage. Furthermore, the term polyvirulent has found favour among authorities on this subject. In a recent issue of the Journal of the American Medical Association an

editorial appeared entitled Bacteriophagy as a Therapeutic Agent. **Bacteriophagy is the name of an action and not of a substance**." - N. W. Larkum, Immunologist, Michigan Department of Health, in "The Lancet", 2 Nov. 1929.

The Herpes Simplex "Virus" Farce

*"**Dr. J. M. H. Macleod considers that Erythema multiforme and Herpes iris, are one, and the same disease; that both are nearly allied to Lupus Erythematosus, and that all are due to Intestinal Toxis.**" - in "Polyclinic", 22 February 1904.*
"The writer has treated two cases of arsenical poisoning in makers of artificial flowers (paper), one of whom developed a typical herpes zoster." - Dr William Hermann Deffenbach, MD, in "Hydrotherapy; a brief summary of the practical value of water in disease, for students and practicians of medicine", 1909

*"**I can corroborate this statement from a case under my care in which no headache was ever experienced during the most obstinate constipation until after an attack of Herpes Zoster in the right frontal region, since which time the slightest degree of constipation is presaged by headache in this part.**" - Dr Alexander Bryce, MD, DPH, in "Modern Theories of Diet and Their Bearing Upon Practical Dietetics", 1912.*

*"**Other Nervous Phenomena are**: Slight Fatigue, Tremor and Convulsions (Huntington's Chorea), Hypersensitivity, **Herpes Zoster**, Dercum disease, Neuralgia, which may be present in Polyneuritis and often considered as "rheumatic" (eg; sciatica **can be caused by intestinal putrefaction and especially by irritation from pressure of the full rectum**)." - Dr. August Von Borosini, MD in "Gymnacolon Intestinal Bath Institute", 1930.*

"That is not due to a toxemia from the ordinary focal infections, seem to me to be caused by the absorption of colonic toxins from the small intestine, because treatment that is based upon clinical and x-ray findings in the colon promptly and effectively relieves these toxic manifestations, while treatment that is not based upon a temporary or constant colonic stasis is unsuccessful." - Dr Lawrence P. Crawford, MD, in "Treatment of Acute Intestinal Intoxication Based Upon Clinical Findings in the Colon", NEJM, 17 September 1931.

***"Herpes labialis is sometimes found in infection of the intestinal tract, the afferent impulse coursing over the vagus, and stimulating centrally the 5th cranial nerve. While it is most common in colds and pneumonia, I have seen it in intestinal infections as well. This seems to be one of the axon reflexes. Herpes is a common pulmonary parasympathetic reflex expressed through the trigeminus nerve. It is particularly common in pneumonia, but it is sometimes found in other affect ions of the lung. It also occurs in common colds and some gastrointestinal conditions**."- Dr Francis Marion Pottenger, AM, MD, FACP, in "Symptoms of Visceral Disease", 1944.*

"**Rosenow, in 1902, showed the definite relationship between focal infection and such a widely divergent group of diseases as**: Endocarditis, Acute Rheumatic Fever, Appendicitis, Erythema Nodosum, Ulcers of the stomach and duodenum, **and certain cases of Herpes Zoster**. The literature is full of articles upon this subject.

Herpes is a common pulmonary parasympathetic reflex expressed through the trigeminus nerve.

It is particularly common in pneumonia but it is sometimes found in other affections of the lung.

It also occurs in common colds and some gastrointestinal conditions. The afferent impulse, in the case of the lung, travels centralward over the sensory

fibers of the vagus, the efferent passes outward over the sensory fibers of the trigeminus." - Dr Elliott M. Hendricks, MD in "Southern Medical Journal", June 1941.

Herpes Zoster and the Limb Plexuses of Nerves

"In the following pages an attempt is made to indicate the cutaneous distribution in the limbs, of nerve fibres connected with the various spinal nerve roots, by a study of the local distribution of the eruption in cases of herpes zoster.

After briefly pointing out the intimate association of cutaneous symptoms with visceral disease, the subject will be discussed shortly (1) with reference to the results obtained by the study of developmental, anatomical, and pathological data; (2) the irregularities in the distribution of the spinal nerves; (3) the main subject of the paper, the delimitation of the cutaneous areas supplied by individual spinal nerves, by a reference to the areas occupied by herpetic eruptions; followed (4) by a brief reference to instances in which the post-mortem examinations have demonstrated the seat of the causal lesion in cases of herpes zoster." - Dr James Mackenzie, MD, Honorary Medical Officer, Victoria Hospital, Burnley, in "The Journal of Pathology", 1893.

> ***"The limitations of Koch's postulates, evident in the 1800's, are even more pronounced today. Organisms such as Plasmodium falciparum and herpes simplex virus or other viruses cannot be grown alone, i.e., in cell-free culture, and hence cannot fulfil Koch's postulates."*** *- David N. Fredricks, David A. Relman, Departments of Medicine and Microbiology & Immunology, Stanford University School of Medicine, California, in "Sequence-Based Identification of Microbial Pathogens: a Reconsideration of Koch's Postulates", Clinical Microbiology Reviews, January 1996.*

"Sporadic examples of apparent one-to-one relation between gene and enzyme or elementary metabolic process have been known almost since the rediscovery of mendelian heredity." - Professor Sewall Wright, in "Genes and Physiological Agents", The American Naturalist, July 1945.

"Somatic cells can undergo mitotically transmitted changes in state that do not result from permanent changes in genetic constitution. These alterations in cellular heredity are called epigenetic changes to emphasize their role in the somatic transmission of developmental (i.e. epigenetic) information and to distinguish them from rare, spontaneous mutations (Nanney 1958). Epigenetic changes are defined operationally as directed cell-heritable, phenotypic changes that are potentially reversible and not transmitted meiotically (Meins 1980 & Lutz 1980). An alternative class of mechanisms is suggested by the concept of dynamic systems inheritance, which was first brought to the attention of biologists by Delbruck (1949) and later extended to multicellular organisms by Monod and Jacob (1961).

Certain systems of chemical reactions can exist in alternative, stable, steady states. These states most commonly arise in positive feed back loops in which a reaction intermediate either triggers its own synthesis or inhibits its own degradation. Thus, in principle, genetically identical cells or groups of cells with loops of this type can exhibit different stable states depending on their history.

The stability and variety of phenotypes would depend on the kinetic parameters of the system and, hence, ultimately the genetic constitution of the cells. Moreover, provided the loop persists when cells divide, the different phenotypes could be transmitted both mitotically and meiotically.

There is strong evidence that a positive autoregulatory model in which cell-division promoting factors induce their own synthesis can account for cytokinin habituation, a type of epigenetic change that occurs in cultured plant cells (Meins & Binns 1978; Meins 1989)." - Frederick Meins

Jr., Christian Kunz, in "Silencing of Chitinase Expression in Transgenic Plants: An Autoregulatory Model", Homologous Recombination and Gene Silencing in Plants, 1994.

"It is well known from the work of Bryan and of Beard that animal cancer **viruses may alternately be filterable and hence infectious** and then **nonfilterable and hence appear noninfectious."** - Wendell M. Stanley, (in 1931 took up a post as Assistant at the Rockefeller Institute until 1948, Associate Member in 1937, Member in 1940.

Served on the Councils of many academic, medical and other learned societies, and as consultant and advisor to the **United States government** and the **World Health Organization**. He continues as Director-at-large, **American Cancer Society** and as a Member of the Board of Scientific Counsellors of the **National Cancer Institute**.

He is a member of many scientific societies.) Director of the Virus Laboratory University of California, in "Annual Report of the Board of Regents of the Smithsonian", 1957.

> ***"It is indeed not sufficient to make a novel observation such as the filterability of an infectious agent but it is also necessary to interpret the observation correctly and to grasp the significance of an unexpected experimental finding."*** *- M.H.V. van Regenmortel in "Nature of Viruses", 2008*

This importance in this paragraph is paramount, thus we have:

1. One-celled organisms, like Bacteria, Fungi, Protozoa

"**Nonfilterable** and hence appear **noninfectious**."
To make it more clear;

Nonfilterable = Noninfectious

The reason they are nonfilterable is because they are living organisms.

Nonfilterable = Living Organisms

2. Metabolic Waste, organic tissues and debri (bacterial virus particles)

"Viruses may alternately be filterable and hence infectious."

Filterable = Metabolic Waste

Viruses = Filterable Metabolic Waste

It is principally the virulence quality of the Metabolic Waste from the Bacteria, and other one-celled organisms that, in their quality of a structural poison, in constituents or acidity makes, and causes for when it is present in high sufficient levels in the organism of any host, and their emunctories are not capable to remove the toxicity from the blood stream, this Metabolic Waste from any type of one-celled organism can cause havoc, and eventually cell necrosis in any living tissue in which and by which any such Metabolic Waste products from one-celled organism come in contact with and the body system is overburden by other present conditions.

> *"Rous discovered in 1911 that a virus was the cause of a certain kind of malignant sarcoma in chickens." - in "Archives of Virology", 2008.*

"Both simultaneity of expression and mutual exclusion of expression imply that intercommunication and **metabolic linkage** are important characteristic features of epigenetic systems. The current concept of a primary genetic material (DNA), replicating by a template mechanism, is opposed to a homeostatic system operating by, perhaps, **self-regulating metabolic patterns.**" - D. L. Nanney, in "Epigenetic Control Systems", Proceedings of the National Academy of Sciences, USA, 15 July 1958.

"**Cellular Growth Controls and the Cancer Cell:**

The sites of action of hormones on **cell functions are mainly metabolic**.

The immunological control mechanisms act presumably through specific "marker groups", located mainly on cellular surfaces and acting as receptors for antibodies. Alteration of immunological controls may result.

Local regulation among neighbouring cells may be exerted by accumulation of metabolites, by transport of macromolecular constituents, or even by direct exchanges through cytoplasmic bridges.

This is reflected in the so-called **"progression" toward the fully malignant state**, in which a number of cellular properties can be altered in a series of discrete steps.

At the metabolic level, promising candidates for key roles in the normal repression of cell division may be pathways that waste or destroy metabolites necessary for the synthesis of DNA.

The virus is often difficult to transmit to uninfected animals." - S. E. Luria, in "Viruses, Cancer Cells, and the Genetic Concept of Virus Infection", Cancer Research, June 1960.

"Two years ago T. F. Anderson (1945) reported the remarkable discovery that certain strains of **bacterial virus** (T4 and T6) **require organic substances as co-factors for the process of adsorption of the virus on the bacterial host.**

Tryptophan in its L form is the substance most active in promoting adsorption of phage to bacterium. Other substances, like phenylalanine and tyrosine, and several tryptophan analogues are also active.

Inhibition of Adsorption
by
Metabolic Products of Tryptophan

Tryptophan is a substrate actively metabolized by E. coli.

Therefore, if tryptophan is incubated with bacteria, it will disappear in due course. It was thought that the cofactor activity of tryptophan might be used to follow quantitatively the progress of the disappearance of tryptophan. It turned out, however, that the bacteria produce from tryptophan a substance or substances that actively inhibit the adsorption of the cofactor-requiring phages.

The idea that indole acts by establishing a competitive block at the points where tryptophan (or its analogues) reacts with the phage implies that it should inhibit the adsorption of all those, and only those, phage mutants that require tryptophan (or one of its analogues) as **co-factors**.

It must be clearly understood that the term "adsorption", as it is used in virus research, refers to the occurrence of an irreversible, specific union between **virus particles** and host.

For want of a better term we will call this intermediate step the **"invasion"**, meaning a **chemical reaction**, presumably enzymatically controlled, by which the physically adsorbed particle effects an entry into the host cell. **That there do exist links between the metabolic and the resistance pattern is certainly to be expected, and indeed such links have been shown to exist in several instances** (E. H. Anderson, 1944, 1946; Wollman, 1947).

It might be worth while, however, to look more closely into the details of the metabolism of tryptophan and related substances in connection with the resistance pattern." - Max Delbrück, in "Biochemical Mutants of Bacterial Viruses", Journal of Bacteriology, July 1948.

Max Delbrück

"Max Delbrück (1906-1981), a German–American biophysicist, helped launch the molecular biology research program in the late 1930s. He stimulated physical scientists interest into biology, especially as to basic research to physically explain genes, mysterious at the time. **Formed in 1945 and led by Delbrück along with Salvador Luria** and Alfred Hershey, the Phage Group made substantial headway unraveling important aspects of **genetics**.

The 3 shared the 1969 Nobel Prize in Physiology or Medicine "for their discoveries concerning the replication mechanism and the genetic structure of viruses"." - in Wikipedia.

It is important to note that some of the research published by Max Delbruck was "Aided by grants from the **Rockefeller Foundation**".

Max Delbruck was responsible for inventing, making up much of the early concepts in which present virology has been found, and specially forcing the idea, constructing the idea, against all logic and evidence, that "viruses" are living things.

Another point worth mentioning is that there is always a few individuals (normally individuals paid by the **Rockefeller Foundation**, or the **Wellcome Trust Charitable Health Foundation**).

Thus we see for example in one publication:

"Interference between bacterial viruses; the mutual exclusion effect and the depressor effect", Journal of Bacteriology 1945, by Max Delbruck

Of the 13 references given, 5 are publications of his own.

The field of "Virology", "science" of "virology", the ideas of "virology", and what are "viruses", where created, commissioned, and invented by a couple organizations.

And those in its active propagating virus as living things theory, where always the same, a handful of individuals being paid by the same organization.

The Controversies Regarding the Nature of Bacterial Viruses

"The following factors are held to be chiefly responsible for recent progress in the field of bacterial viruses: the proof that **virus-resistant mutants originate independently of the presence of virus**.

The first bacterial viruses were encountered by Twort (1915) and by d'Herelle (1917).

D'Herelle (1918) conceived the idea that bacterial viruses might be used therapeutically for the treatment of infectious diseases and that bacterial viruses play in some cases an important role in the normal processes of recovery from diseases caused by pathogenic micro-organisms.

There was an argument whether d'Herelle's agent was "particulate or molecular", whether it was "like a virus or like a micro-organism", whether it was "a virus or a self-reproducing enzyme".

Finally, there developed a controversy whether the agent is or is not "living". **It is quite obvious now that the term "living" will be among the last to be redefined when the whole field is better understood. Perhaps it may then be redefined so as to include even simple molecules."** - Max Delbruck, in "Bacterial Viruses or Bacteriophages", Biological Reviews, January 1946.

"**Conclusions: Increased Negative Air Ions (NAI) and decreased Particulate Matter (PM) ameliorated respiratory function by increasing energy production, improving anti-inflammation and anti-oxidation capacity. Decreased Particulate Matter PM improved cardiac autonomic function by increasing energy production and anti-inflammation capacity.**" - Shan Liua, et al., in "Metabolic linkages between indoor negative air ions, particulate matter and cardiorespiratory function", Environment International, May 2020.

Virulence

The poisons of certain One-Celled Organisms are virulent. That does not mean that there are "living" viruses, for such a theory is a fallacy.

Virulence is a quality not a living thing The Medical Trade "Virus Theory", is like a fishing net, full of holes.

The Dissemination of Pathogenic Germs in the Infected Body

"In their distribution in the body the microorganisms differ greatly.

The most perfect example of local distribution is furnished by the tetanus bacillus, which, when introduced into the tissues, causes only slight local changes and exhibits practically no invasive powers, **the symptoms being due to the absorption of toxin.**

In many infections caused by tubercle bacilli and by the various pyogenic cocci, the process remains local, due most probably to a low degree of virulence of the infecting organisms as related to the immunity of the infected person.

While the bacillus of diphtheria and the cholera vibrio remain in a sense local, entering the circulation only exceptionally, both show marked power to extend along the mucous membranes upon which they customarily cause infection.

Infectious germs may be disseminated in the body by extension, as in the invasion of the whole respiratory tract by the influenza bacillus, in the spread of erysipelas, etc.

Microorganisms are disseminated also by metastasis, by which is meant the establishment of more or less far spread secondary foci from a primary focus as the chief centre of distribution.

In metastasis by the blood, secondary localizations occur in different organs, as in the abscesses of pyemia.

Tuberculosis, leprosy, syphilis, glanders, pest, blastomycosis, pneumococcal and pyogenic processes, furnish good examples of circulatory metastasis.

Lymphatic metastasis is of frequent occurrence, the primary lesion being often located in the skin or mucous membranes.

Upon mucous membranes mechanical factors may convey infectious material from established lesions to new points, as in aspiration pneumonias.

Many diseases caused by filterable viruses", [metabolic waste], **"contain the virus",** [metabolic waste], **"in the blood (yellow fever, etc).**

Malaria and trypanosomiasis are blood infections; in the latter disease, however, the parasites also occur in the connective tissue of the organs. In typhoid fever and in pneumonia bacteriemia probably is present always in the earlier stages.

The factors that determine the invasion of the blood, especially by the organisms that do so only occasionally (streptococci, gonococci, staphylococci), are not clearly understood, but **virulence, i.e., the power to resist and overcome the phagocytic and other anti-infectious powers of the blood - undoubtedly plays a most important role.**

Both microbic virulence and the resistance of the body are variable conditions made up of complex factors that are difficult or impossible to analyse completely in a given case.

As microbes are distributed in the body some show a distinct preference for certain tissues. This affinity may be surmised to depend on subtle chemical attractions between constituents in the microbes and the cells.

Association of microbes in mixed and secondary infections practically always tends to increase the danger to the patient. In human pathology we have no positive knowledge of one infection being antagonistic to any other infection. **Judging from experiments it seems more likely that bacterial associations tend to increase the virulence of one or other of the associated bacteria.**

Roux and Yersin came to the conclusion that the simultaneous infection with diphtheria bacilli and streptococci results in an increased virulence of the diphtheria bacillus; v. Dungern, on the other hand, concluded that the virulence of the streptococcus was heightened.

Experimental tuberculosis assumes a more acute form in the presence of pyogenic bacteria which is in harmony with the fact that in human tuberculosis fresh eruptions of tubercles appear to follows secondary infections.

The change that occurs in many infectious diseases with the advent of severe secondary streptococcus infections is an ominous one. Here the effects of the secondary infection are often overwhelming. The occurrence of measles in a tuberculous child is followed frequently by exacerbation of the tuberculosis.

The great influence of the anatomical location of the point of entrance is shown particularly well by streptococcus infections: in the dense and tense connective tissue of the finger it causes a local inflammation; in the subcutaneous tissue, phlegmon; in the lymph vessels of the skin, erysipelas; in the peritoneum, peritonitis—**conditions that differ greatly in their course though caused by the same microbe.**

In the establishment, progress, and nature of an infectious disease much always depends upon that property of the microbe concerned called virulence.

If we understand by virulence the degree of pathogenic power of which a microbe is possessed, analysis reveals that virulence in this sense depends on various properties.

It is not necessarily synonymous with invasiveness, because toxicogenic bacteria in the strict sense (B. diphiherice, B. tetani) possess great toxic power and relative slight or no invasiveness. **In these bacteria virulence depends more on the power to produce toxins**, and the body responds by the formation of antitoxins, whereas the production of antibacterial substances is relatively insignificant.

In microbes in which the disease-producing substances are assumed to be locked up in the cells or split off from the microbic proteins, and set free only as the germs reach the tissues of the body, virulence is necessarily connected with power to multiply and invade.

Virulence may be reduced by different methods, e. g., exposure to sunlight or the addition of chemicals. **The virulence of some bacteria may be reduced for one species by repeated passage through members of some other species.**

High virulence for animals is generally regarded as

indicating virulence for man; but **Koch and Petruschky found that streptococci of high virulence for rabbits did not cause erysipelas in man, and animal-virulent streptococci occur in normal throats.**

The highly virulent bacilli of bovine tuberculosis seem to have little power of invasiveness in human beings. In pathogenic bacteria, virulence is a variable quantity, changeable at the will of the experimenter.

As a general rule, bacteria are most virulent when taken directly from the animal, and lose virulence, some more rapidly than others, the invasive more rapidly than the toxicogenic, when cultivated on artificial media.

Increased Virulence of the Microorganism

There can be no doubt that the virulence of given strains of the pneumococcus varies greatly from time to time. This fact no one who has seen many cases of pneumonia, or who is familiar with the literature can doubt.

The organism apparently tends to increase in virulence with each passage through a human subject, just as it tends to decrease in virulence when cultivated artificially. These facts are particularly brought out when we investigate various epidemic outbreaks.

A Cold

It is generally believed that hunger, fatigue, and exposure to cold are predisposing factors. Pneumonia is very frequent in very early and in very advanced life.

The effect of cold upon the organism has been explained as causing a retention of waste products of metabolic activity, variation in blood pressure, slowing of the blood stream, impairment of cellular metabolism, and reflex action." - Sir William Osler, MD, in "Modern Medicine, its Theory and Practice", Vol.1, 1913.

"Sydenham, mentions the Jaundice as no uncommon symptom in hysteric cases, where there is no disorder of the gall or gall-ducts.

Hysteric complaints be so very frequent: and it requires but a very moderate understanding to see, after it has been pointed out, what could not have been discovered but by one of superior sagacity.

A perfect Jaundice is said by physicians of unquestionable authority to be an attendant upon some fevers, and particularly upon the yellow fever of the West Indies." - Dr William Heberden, MD, in "Commentaries on the History and Cure of Diseases", 1813.

> ***"Not more than one in three turn yellow that dies of black vomit. This black stuff is often found in the bowels when not vomited up and not more than one in every three that die throw it up."*** *- Dr Greensville Dowell, MD, Professor of Surgery in Texas Medical College, in* ***"Yellow Fever and Malarial Diseases, embracing a History of the Epidemics of Yellow Fever in Texas; New Views on its Diagnosis, Treatment, Propagation, and Control; Descriptions of Dengue, Malarial Fevers, Jaundice, the Spleen and its Diseases, and Diarrhoea Haemorrhagica;*** *with Practical Remarks on their Successful Treatment, etc...", 1876.*

"A study of the influence of some extracts and filtrates of the pneumococcus and of a few chemical reagents on the virulence of pneumococci. It was shown that purpura developed in mice inoculated with the extract prepared by repeatedly freezing and thawing the pneumococci.

If the mice received the extract 24 hours preceding the inoculation of a pneumococcus culture of borderline virulence, they were protected against the infection.

This protection persisted only as long as purpura was observable.

When fresh filtrates of virulent pneumococci were

inoculated simultaneously with the culture of low virulence a large number of the mice at autopsy showed a fibrino purulent pleuritis.

The most potent filtrates were obtained when the cultures grew in the presence of salts that lower the electrophoretic potential of microorganisms.

Found in those dying several days after injection of living and dead pneumococci, acute degeneration of the walls of some of the large blood vessels and local hemorrhage." - Margaret Pittman, Mercy A. Southwick, Department of Hygiene and Bacteriology and the Department of Pathology, University of Chicago, in "Studies on Respiratory Diseases XXXV. The Pathology of Pneumococcus Infections in Mice", Journal of Bacteriology, 1930.

"The discovery during the past few years of dozens upon **dozens of hitherto unknown viruses in human beings**.

These consist of the ECHO viruses isolated from the human i**ntestinal tract**, the adenoviruses isolated from the **upper respiratory tract** and **eyes** of man, and a group of viruses isolated from human **sera**.

New viruses of man are discovered almost every week.

Thus we now have many more human viruses than we know what to do with.

Another fact which may prove of the greatest importance in this connection is that treatment of certain lysogenic strains of bacteria with physical and chemical agents, such as X-rays, ultraviolet light, nitrogen mustard, certain chemical-reducing agents or iron-chelating agents, results, after a latent period, **in the lysis of the bacterial cells and the release of large amounts of bacterial virus particles**.

These agents are called "inducers" and you may recognize some as carcinogenic agents for man and animals." - Wendell M. Stanley, Professor of Biochemistry, Director of the Virus Laboratory University of California, in "The Nature of Viruses, Cancer, Genes, and Life - A Declaration of Dependence", Annual Report of the Board of Regents of the Smithsonian, 1957.

Microbial Toxicity

"Microbial toxins are toxins produced by micro-organisms, including bacteria and fungi. Microbial toxins promote infection and disease by directly damaging host tissues and by disabling the immune system. Some bacterial toxins, such as Botulinum neurotoxins, are the most potent natural toxins known." - in Wikipedia

"Microbial Toxins are toxins produced by microorganisms. Microbial toxins are important virulence determinants responsible for microbial pathogenicity.

Bacterial Toxin, is a type of toxin that is generated by Bacteria.

They are classified as either:

1. Exotoxin.
2. Endotoxin.

Exotoxins: are generated by the bacteria and actively secreted.

Endotoxins: are part of the bacteria itself.

Subtilase cytotoxin (SubAB) is the recently recognised prototype of a new AB5 toxin family secreted by Shiga toxigenic Escherichia coli (STEC).

Pasteurella multocida toxin (PMT) is the major pathogenic determinant of Pasteurella multocida.

The species P. multocida causes various diseases of animals and humans." - Anju Agrawal, Krishna Gopal, in "Microbial Toxicity Studies", Biomonitoring of Water and Waste Water, 20 December 2012.

Critical Pathways in Microbial Virulence

"The Virulence of a Microbial Pathogen is generally defined as the degree of pathogenicity or ability of the organism to cause disease measured by an experimental procedure. It represents a combination of highly complex parameters and depends upon both the relative infectivity of the organism and the severity of the disease produced.

However, in all cases these 2 parameters of infectivity and disease severity are profoundly influenced by the nature and status of the host organism or the site of colonization in that host. Thus, a breach in the normal defensive barriers of the host, through, for example, trauma, immunosuppression/dysfunction or co-infection by another organism, can dramatically increase the virulence of a given organism. Hence, any description of microbial virulence is fundamentally reliant on an understanding of the relative susceptibility of the colonized host.

The accepted definitions of a microbial pathogen and microbial virulence have been formulated largely from the study of infections caused by a single aetiological agent and build upon the meticulous and rigorous investigations of Robert Koch on diseases including anthrax and tuberculosis.

Koch's resultant postulates were an essential guide to identifying the specific causation of infectious diseases:

1. The parasite occurs in every case of the disease in question and under circumstances which can account for the pathological changes and clinical course of the disease.

2. The parasite occurs in no other disease as a fortuitous and non-pathogenic parasite.

3. After being fully isolated from the body and repeatedly grown in pure culture, the parasite can induce the diseases anew.

Specific gene products (presumptive virulence factors) are required to facilitate each of these processes, and these products will vary from organism to organism." - M. Curtis, J. Slaney, J. Aduse-Opoku, MRC Molecular Pathogenesis Group, Centre for Infectious Disease, Institute of Cell and Molecular Science, Barts and the London Queen Mary's School of Medicine and Dentistry, London, UK, in "Critical pathways in microbial virulence", Journal of Clinical Periodontology, 2005.

Microbial Virulence Factors

"**Microbial virulence factors encompass a wide range of molecules produced by pathogenic microorganisms**, enhancing their ability to evade their host defences and cause disease.

This broad definition comprises secreted products such as toxins, enzymes, exopolysaccharides, as well as cell surface structures such as capsules, lipopolysaccharides, glyco- and lipoproteins.

Intracellular changes in metabolic regulatory networks, governed by protein sensors/regulators and non-coding regulatory RNAs are also known to contribute to virulence.

Furthermore, some **secreted microbial products have the ability to enter the host cell and manipulate their machinery, contributing to the success of the infection.**

The knowledge, at the molecular level, of the biology of microbial pathogens and their virulence factors is central in the development of novel therapeutic strategies to combat microbial infections.

The virulence factors that the bacteria use to cross the blood-brain barrier and cause meningitis is reviewed by Herold et al.

Meningitis remains a worldwide problem often associated with fatalities and severe sequelae. **After reviewing important traits of the central nervous system barriers to bacterial entrance, the authors review the various stages of the virulence processes of bacterial meningitis**, including the processes of attachment and

invasion, the routes used to enter the central nervous system, and the general mechanisms used to survive intracellularly.

The roles played by virulence factors produced by bacteria when crossing the central nervous system is also addressed, followed by the review of the specific traits of bacterial species more commonly associated with meningitis

Bacterial small non-coding regulatory RNAs (sRNAs) have emerged over the last decade as key regulators of post-transcriptional regulators of gene expression, being involved in a wide range of cellular processes, including bacterial virulence. In their review, Pita et al., updated knowledge on sRNAs from 2 pathogens associated with respiratory infections and lung function decline of patients suffering from Cystic Fibrosis, P. aeruginosa, and bacteria of the so-called Burkholderia cepacia complex (Bcc)." - Professor Jorge Leitão, Institute for Bioengineering and Biosciences, in "International Journal of Molecular Sciences", August 2020.

"Bacterial pathogenicity involves the attachment of the pathogen to a body surface, the penetration of host tissues, and the multiplication in vivo in spite of the body's defence systems. Damage to host tissues may be caused directly by bacterial products, including toxins, or may be caused by reaction against bacterial constituents. The presence of genetic information specifying resistance to antibiotics, which may make strains refractory to chemotherapy, may also be considered as a virulence factor.

Exotoxins and Extracellular Products

Exotoxins are classified as those toxins that are secreted by the bacterial cell and are usually proteins.

A few bacterial toxins are highly specific in their action, but most are toxic for several different tissue and cell types. Enterotoxins are produced by a variety of bacteria.

Cholera enterotoxin also transfers ADP-ribose to a target protein, which in this case is a protein regulating adenylate cyclase activity.

Other toxins produced by a wide variety of bacteria may be classified as neurotoxins, cytolytic (membranedamaging) toxins, or epidermolytic toxins.

For more detailed information about toxins the reader is referred to the book edited by Bernheimer (Mechanisms in bacterial toxinology, 1976).

Production of certain enzymes that degrade host tissues may contribute to the virulence of pathogenic bacteria.

These enzymes include proteases, lipases, hyaluronidases and nucleases.

Conclusion: It is easy to think of pathogenic microorganisms as organisms armed with various factors designed to injure the host. However, Lewis Thomas in "Germs", pp 88-94, "The lives of a cell", 1974, has pointed out that, **considering the huge populations of bacteria on earth, pathogenicity is a property of only a small number of species. There is nothing to be gained in an evolutionary sense by the microorganism that causes illness or death**." - Brian J. Wilkinson, Department of Biological Sciences Illinois State University, Clinical Microbiology Newsletter, 1981.

"We live in a world where the microbes are always trying to get at us, to tear us cell from cell, and **we only stay alive and whole through diligence and fear. We still think of human disease as the work of: an organized, modernized kind of demonology,** in which the bacteria are the most visible and centrally placed of our adversaries.

We assume that they must somehow relish what they do. They come after us for profit, and there are so many of them that disease seems inevitable, a natural part of the human condition; if we succeed in eliminating one kind of disease there will always be a new one at hand, waiting to take its place. These are paranoid delusions on a societal scale, explainable in part by our need for enemies, and in part by our memory of what things used to be like.

Until a few decades ago, bacteria were a genuine household threat, and although most of us survived them, we were always aware of the nearness of death.

We moved, with our families, in and out of death.

We had lobar pneumonia, meningococcal meningitis, streptococcal infections, diphtheria, endocarditis, enteric fevers, various septicemias, syphilis, and, always, everywhere, tuberculosis.

Most of these have now left most of us, thanks to antibiotics, plumbing, civilization, and money, but we remember. **In real life, however, even in our worst circumstances we have always been a relatively minor interest of the vast microbial world.**

Pathogenicity is not the rule

Indeed, it occurs so infrequently and involves such a relatively small number of species, considering the huge population of bacteria on the earth, that it has a freakish aspect.

Disease usually results from inconclusive negotiations for symbiosis, an overstepping of the line by one side or the other, a biologic misinterpretation of borders.

Some bacteria are only harmful to us when they make exotoxins, and they only do this when they are, in a sense, diseased themselves.

There is nothing to be gained, in an evolutionary sense, by the capacity to cause illness or death.

Pathogenicity may be something of a disadvantage for most microbes, carrying lethal risks more frightening to them than to us.

The man who catches a meningococcus is in considerably less danger for his life, even without chemotherapy, than meningococci with the bad luck to catch a man.

Most meningococci have the sense to stay out on the surface, in the rhinopharynx. During epidemics this is where they are to be found in the majority of the host population, and it generally goes well. It is only in the unaccountable minority, the "cases", that the line is crossed, and then there is the devil to pay on both sides, but most of all for the meningococci." - Dr Lewis Thomas, MD in "The lives of a cell; notes of a biology watcher", 1974.

Marburg Virus

"The Discovery of the Marburg virus was first described in 1967. During the 1960s it was noticed during small outbreaks of Marburg virus disease in the German cities Marburg and Frankfurt and the Yugoslav capital Belgrade.

German workers were exposed to tissues of infected grivet monkeys (the African green monkey, Chlorocebus aethiops) at the city's former main industrial plant, the Behringwerke, then part of Hoechst, and later part of CSL Behring. During these outbreaks, 31 people became infected and 7 of them died." in Wikipedia

Please read the book: "Medicine The Lies, The Greed & The Death".

Marburg Virus Disease Outbreaks

Year	Location	Cases	Deaths
1967	Marburg and Frankfurt, West Germany, and Belgrade, Socialist Federal Republic of Yugoslavia	31	7
1975	Rhodesia and Johannesburg, South Africa	3	1
1980	Kenya	2	1
1987	Kenya	1	1
1988	Koltsovo, Soviet Union	1	1
1990	Koltsovo, Soviet Union	1	1
1998–2000	Durba and Watsa, Democratic Republic of the Congo	154	128
2004-5	Angola	252	227
2007	Uganda	4	1
2008	Uganda, Netherlands, United States	2	1
2012	Uganda	18	9

Year	Location	Cases	Deaths
2014	Uganda	1	1
2017	Uganda	3	3

The Curious pattern of "Viruses", either appear in far-far-away places, or go to far-far-away places.

The predilection of the "Viruses" is tropical countries in Africa, South America and South Asia.

Normally this countries are, or have in place a network NGO accustomed to receive foreign aid, from the richer northern countries.

Nobel Laureates On The Virus Theory

1946

Wendell Meredith Stanley USA
John Howard Northrop USA
"for their preparation of enzymes and virus proteins in a pure form."

1954

John Franklin Enders USA
called the Father of Modern Vaccines.
Frederick Chapman Robbins USA
Thomas Huckle Weller USA
"for their discovery of the ability of poliomyelitis viruses to grow in cultures of various types of tissue"

1965

François Jacob France
André Lwoff France
Jacques Monod France
"for their discoveries concerning genetic control of enzyme and virus synthesis."

1966

Peyton Rous USA
"for his discovery of tumour-inducing viruses"

1969

Max Delbrück USA
Salvador E. Luria Italy / USA
Alfred D. Hershey USA
"for their discoveries concerning the replication mechanism and the genetic structure of viruses."

1975

David Baltimore USA
Howard Martin Temin USA
Renato Dulbecco Italy / USA

"for their discoveries concerning the interaction between tumour viruses and the genetic material of the cell."

2008

Harald zur Hausen Germany

"for his discovery of human papilloma viruses causing cervical cancer."
Françoise Barré-Sinoussi France
Luc Montagnier France

"for their discovery of Human Immunodeficiency Virus (HIV)."

HIV was originally called LAV (**lymphadenopathy** A**ssociated** Virus), in 1983.

The Nobel Prizes in Virology

"There have been a number of Nobel Prizes directly awarded for discoveries in the field of virology proper as well as in related fields. **It started in 1946, when one half of the Prize in Chemistry was shared by Northrop and Stanley.** Stanley had managed to produce crystalline structures containing tobacco mosaic virus, a virus that has played a particular role throughout the history of virology. Much later, another Prize in Chemistry was given to Klug. A considerable part of Klug's work concerned the fine structure of TMV, and this project was an extension of the prematurely disrupted pioneering crystallographic work by Rosalind Franklin at **Imperial College,** London, during the mid-1950s.

The remaining Prizes in the field have, not surprisingly, been given in Physiology or Medicine, in the following referred to as Medicine. These Prizes can be divided into different categories. Five Prizes have been given for discoveries concerning animal viruses and the special kind of ultrafiltrable agents called prions.

Four more Prizes have been given for genetic studies using bacteriophages. Finally, there is a group of 5 Prizes given for discoveries of general molecular biological principles involving studies in which various animal and plant viruses were used. Examples of such discoveries are reverse transcriptase, cellular oncogenes and split genes.

Ever since 1948, and into the mid-1990s the discipline of virology has been personally represented among the 5 members of the Nobel Committee (normally limited to a 6 year appointment) or among adjunct members.

This latter category was formally introduced in 1970, and since that time the committee has generally been composed of 5 ordinary members and 10 adjunct members. This enlargement has been deemed necessary to cover the wide and diversified field of medical sciences.

Until 1972, Gard carried the responsibility of representing virology, and thereafter it was my privilege to serve in this function. Gard was the professor of virus research at the

Karolinska Institute between 1948 and 1972.

He was very influential in the work of the Nobel Committee at the Institute. Gard's first major engagement concerned evaluations that led to a Nobel Prize to Theiler in 1951. He did the critical examinations of Theiler's work only to be side-stepped in 1951 by the chairman of the committee and vice-chancellor of the Institute, Hilding Bergstrand, a professor of pathology. In order to be considered for a Nobel Prize, a candidate has to be proposed by an invited nominator before 31 January of the year it is to be given.

In the absence of outside nominations, Bergstrand nominated Theiler. During 1952–1954, Gard made seminal evaluations that led to a Prize in 1954 to Enders, Weller and Robbins for their success in growing poliomyelitis viruses in cultures of various types of tissue.

Throughout the 1960s, Gard **introduced 2 more groups of awardees.**

The founding fathers of the field of phage genetics, **Max Delbruck** (received a **Rockefeller Foundation** fellowship in 1937, he met the chemist Emory Ellis, who was **working with phages in the context of cancer research**. **Delbruck saw the potential of working with phages for genetic purposes**), Hershey and **Salvador Luria**, eventually got a Prize in 1969, and the Prize motivation refers to their studies of the replication mechanism and the genetic structure of viruses.

"**Uncertainties about the conditions of the virus in the living cell**."

However in the final discussions in the committee Tiselius apparently changed his mind, and the committee decided, somewhat surprisingly, to divide the Prize and give half of it to Sumner ''for his discovery that enzymes can be crystallized'', and the other half jointly to Northrop and Stanley." - Erling Norrby in "Nobel Prizes and the emerging virus concept", Archives of Virology, 30 April 2008.

"In recognition of the huge importance of these discoveries to public health, the Nobel Assembly stated that "**never before has science and medicine been so quick to**

discover, identify the origin and provide treatment for a new disease entity".

The discoveries have paved the way for tests to diagnose the diseases and for the development of antiviral drugs to combat HIV-1 infection.

In addition, "**the availability of a vaccine against HPV is now a reality thanks to the original discovery of the virus**", said London-based researcher Adriano Boasso (BBC News , 6 October 2008)." - Lucy Bird in "Nobel prize to virus detectives", Nature Reviews Immunology, November 2008.

"Around 1940 Max **Delbrück**, Hershey and **Luria** became interested in bacteriophage, a type of **virus that infects bacteria, rather than ordinary cells**. **As a result of infection, both virus and cell undergo drastic changes.**

The so-called cell-virus-complex behaves as an essentially new system.

The metabolic activities which it releases can lead in a matter of minutes to the formation of hundreds of new virus particles.

The work of **Max Delbrück**, Hershey and **Salvador Luria** has had a great impact on biology in general. Bacteriophages have served and continue to serve as models for the more complicated and less approachable systems represented by animal and human cells." - in "The Nobel Prize in Physiology or Medicine 1969", The Nobel Prize, 2020.

"**The road to the Nobel Prize is always open for those who go to medical school. The discovery of aetiological agents and entirely new antimicrobials for prevalent diseases could always earn the Nobel Prize.**

A surprising infectious aetiology of a health problem with a high morbidity, such as dementia, schizophrenia, obesity, inflammatory bowel diseases, and diseases known to be autoimmune in origin could strongly attract the Nobel Prize.

A highly predictive epidemiological tool that includes all the potential confounding parameters and is directly applicable to daily life would be a useful solution that

could increase the capacity to combat outbreaks and could attract a Nobel Prize." - in "Who can get the next Nobel Prize in infectious diseases?", International Journal of Infectious Diseases, April 2016.

"Louis Pasteur's achievements rank him as one of the greatest scientists of all time. But in at least 2 significant cases, the 19th century French researcher apparently lied about his scientific methods, appropriated an idea from a competitor and conducted human experiments that would be considered unethical then as well as today. Pasteur's notebooks revealed that he had regularly manipulated raw data in order to fit his own preconceived ideas. ***Pasteur's message for contemporary science, was to puncture the "hopelessly misleading" image of science as "simply objective and unprejudiced", a myth that scientists have perpetuated in order to advance their work and attain a "privileged status".*** *" - Cristine Russell in "Louis Pasteur and Questions of Fraud", The Washington Post, 23 February 1993.*

The HIV Virus Farce

"We have not been able to discover any good reasons why most of the people on earth believe that AIDS is a disease caused by a virus called HIV." *- Kary Mullis, in "Inventing the AIDS Virus", 1996.*

Kary Mullis, Nobel Laureate in Chemistry, 1993 and other distinguished scientists have stated that: The HIV-causes-AIDS hypothesis is; **False, Unproductive, and Unethical.**

"AIDS itself, which had first been recognized 2 years earlier in Los Angeles, was labelled a disease of "the four H's": Homosexuals, Heroin addicts, Hemophiliacs, and Haitians." - in "The Rise and Fall of Projet SIDA", Science, 28 November 1997.

"At first sight it appears that there is no common factor, apart from HIV infection, linking the various AIDS risk groups. However, homosexuals are exposed to relatively ***high levels of nitrites and anally deposited sperm, drug abusers to opiates and nitrites, hemophiliacs to factor VIII. All these are known potent oxidizing agents."*** *- E Papadopulos-Eleopulos , V. F. Turner, J. M. Papadimitriou, in "Oxidative Stress, HIV and AIDS", Research in Immunology, February 1992.*
*"****A number of drugs the extent of rectal absorption has been reported to exceed oral values, which may reflect partial avoidance of hepatic first-pass metabolism after rectal delivery. This phenomenon has been reported for morphine, metoclopramide, ergotamine, lidocaine (lignocaine) and propranolol.****" - Evan Hoogdalem , A. G. de Boer, D. D. Breimer, in "Pharmacokinetics of Rectal Drug Administration", Clinical Pharmacokinet,1991.*

*"****The clinical value of rectal formulations has been demonstrated for various drugs.*** *In general, rectal bioavailabilities tend to be lower than the corresponding oral values, but for* ***drugs such as ergotamine and morphine****, the opposite has been reported, possibly reflecting the partial avoidance of hepatic first-pass metabolism after rectal absorption." - Ewoud J. van Hoogdalem, Albertus G. de Boer, Douwe D. Breimer, in "Pharmacokinetics of Rectal Drug Administration", Clinical Pharmacokinet,1991.*

*"****The administration of drugs by the rectum has been practised from the earliest times****. Prescriptions for suppositories were found in the Ebers Papyrus (Bryan, 1930). It would appear that these suppositories were intended for the local treatment of disease of the proctodeum. In more recent years, the idea arose that the rectal route could be used for systematic medication,*

either as supplementary to the oral route or as an alternative when medicine could not be given by mouth. The absorption of ***potassium bromide, sodium salicylate and sulphanilamide given per rectum has been studied. It has been shown that when given in solution, all these substances are readily absorbed from the rectum.****" - J. W. A. Mackenzie, MD, in "Absorption of drugs from the rectum", Archives of Disease in Childhood, March 1943.*

*"****Medications Administered per Rectum (PR) are ideal for local or systemic treatment, as the rectal mucosa has a blood and lymph supply that is capable of effective systemic absorption.****" - in "Rectal Drug Administration in Adults: How, When, Why", Nursing Times, 22 February, 2016.*

*"****There is not a single organism that is the cause of AIDS****, and there should exist AIDS patients who do not test positive for HIV .* ***It is an overwhelming number of distinct organisms, which causes the immune dysfunction. These may individually be harmless****." - Kary B. Mullis, in "A hypothetical disease of the immune system that may bear some relation to the Acquired Immune Deficiency Syndrome", Genetica, March1995.*

*"****HIV (Human Immunodeficiency Virus) is a virus that damages the cells in your immune system*** *and weakens your ability to fight everyday infections and disease. AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when* ***your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from 1 person to another, the HIV virus can****." - in "HIV and AIDS", NHS, 3 April 2018.*

Virus Mania

*"Dr Claus Köhnlein, MD is surely one of the world's most critical thinkers when it comes to the analysis of virus epidemics he has co-authored a book called: "**Virus Mania: Corona/COVID-19, Measles, Swine Flu, Cervical Cancer, Avian Flu, SARS, BSE, Hepatitis C, AIDS, Polio. How the Medical Industry... Making Billion-Dollar Profits At Our Expense, 2020**", which, boldly challenges mainstream biology theory. The book exposes the lack of evidence behind many of the claims regarding viruses being promoted by members of the medical establishment and media." - Dr Sam Bailey, MD, 27 Oct 2020.*

The Test Pandemic

"I'm an internal medical doctor and since 1993 I'm in my own practice, and I'm treating a lot of people who are critical of Antiviral Treatment especially AIDS patients, HIV positive patients who are trying to avoid Antiviral Treatment. Twenty years ago I was at the Oncologic Department at the University of Kiel at that time and I came across my first AIDS patient who was suffering from a Lymphoma, I asked, and all of the sudden I was told: he has aids now, and I asked how comes he has AIDS now? Yesterday he was suffering from a Lymphoma! Then they told me, well he's got a positive HIV test. That's not a new epidemic it might be an epidemic of a new test because it was not a new clinical disease this lymphoma. And years later i recognized that the whole thing was a test pandemic it went around the world like Covid19, today by our testing.

There were no new clinical diseases, it started with Pneumonia in previously **healthy young man, that was actually the first paper, that was published about the first AIDS cases.** It was 5 previously healthy young men who died from pneumonias in their 30s.

"In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed Pneumocystis Carinii Pneumonia at 3 different hospitals in Los Angeles, California. All 5 patients had laboratory-confirmed previous or current Cytomegalovirus (CMV) infection and Candidal mucosal infection. ***The diagnosis of Pneumocystis Pneumonia was confirmed for all 5 patients antemortem by closed or open lung biopsy. All 5 reported using inhalant drugs, and 1 reported parenteral drug abuse.*** *Reported by MS Gottlieb, MD, HM Schanker, MD, PT Fan, MD, A Saxon, MD, JD Weisman, DO, Div. of Clinical Immunology-Allergy; Dept. of Medicine, UCLA School of Medicine; I Pozalski, MD, Cedars-Mt. Siani Hospital, Los Angeles; Field services Div., Epidemiology Program Office, CDC.*

Editorial Note: *Pneumocystis pneumonia in the United States is almost exclusively limited to severely immunosuppressed patients. The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and Pneumocystis pneumonia in this population. All the above observations suggest the possibility of a cellular-immune dysfunction related to a common exposure that predisposes individuals to opportunistic infections such as pneumocystosis and candidiasis. The possibility of P. carinii infection must be carefully considered in a differential diagnosis for previously healthy homosexual males with dyspnea (shortness of breath) and pneumonia." - in "Pneumocystis Pneumonia - Los Angeles", Epidemiologic Notes and Reports, Morbidity and Mortality Weekly Report, MMWR, CDC, 5 June 1981.*

They were drug abusing homosexuals who especially used one drug which was Isoamyl Nitrite, which was very upcoming in that time, after the gay liberation.

You can see it in the in the sale numbers of Nitrite Inhalants exploded at that time.

"Popper is a slang term given broadly to drugs of the chemical class called alkyl nitrites that are inhaled.
Most widely sold products include the original ***Isoamyl Nitrite*** *or isopentyl nitrite, and isopropyl nitrite.*
Popper use has a relaxation effect on involuntary smooth muscles, such as those in the throat and anus. ***It is used for practical purposes to facilitate anal sex by increasing blood flow and relaxing sphincter muscles. The drug is also used for recreational drug purposes, typically for the "high" or "rush" that the drug can create. Poppers were part of club culture from the mid-1970s disco scene and returned to popularity in the 1980s and 1990s rave scene.****" - in "Poppers", Wikipedia*

Nitrite Inhalant Abuse and Kaposi's Sarcoma

"Kaposi's sarcoma appears to be concentrated in gay men with AIDS and is rare in others. HIV alone does not appear to cause Kaposi's sarcoma in AIDS. Nitrite use by gay men has been on the decline since AIDS was first described. AIDS-related Kaposi's sarcoma found on the face and chest, especially the nose, is consistent with the areas of skin most heavily exposed to inhaled nitrite vapours. Conversion of nitrites to nitrosamines and/or cholesteryl nitrites (known carcinogens) in the skin and blood vessels has been proposed. Nitrite inhalants may be a Kaposi's sarcoma cofactor." - in "Ellenhorn's Medical Toxicology", 1997.
"The role of inhaled nitrites in the development of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) has been almost as perplexing as the disease itself. Initially, investigators hypothesized that inhaled nitrites were the etiologic agent for AIDS or a cofactor in the development of Kaposi's sarcoma, a

vascular cancer common in homosexual men in the early stages of the AIDS epidemic. Less attention was paid to the role of nitrites. ***In summary: The results of this study suggest that simultaneous use of nitrite inhalants during unprotected receptive anal intercourse increases the risk of transmission of HIV more than unprotected receptive anal intercourse alone.*** *This effect was observed after controlling for both confounding and the HIV status of the study partner.* ***It is therefore important to educate homosexual men about the risk of HIV infection from unprotected receptive anal intercourse and simultaneous nitrite use.****" - in "The Relation between Nitrite Inhalants, Unprotected Receptive Anal Intercourse, and the Risk of Human Immunodeficiency Virus Infection", American Journal of Epidemiology, 1 January 1992.*

"Conclusions: **The results showed a nitrite-induced Lymphopenia resulting from a relatively short exposure to moderate doses.** *Further, a non specific, perhaps compensatory, immunostimulation following exposure to amyl nitrite was compatible with the suggestion that the nitrites may aggravate symptoms by enhancing HIV replication." - Dax, EM et al., in "Effects of nitrites on the immune system of humans", Health Hazards of Nitrite Inhalants, March 1988.*

These drugs are very toxic, they are immunologically toxic, and they are cancerogenic. And that was a cause of the AIDS epidemic. In the early days it was seen as a lifestyle problem. It first was called GRID for Gay-Related Immune Deficiency, which it is still today.

Via the HIV Test it's spread all over the world, and because the HIV Test cross reacts with:

Tuberculosis
Antigens
Lipoarabinomannan

Lipoarabinomannan which is a content of the cell wall of fungi.

There's quite a good correlation between tuberculosis and fungal diseases.

That's why the distribution of HIV was high in Africa.

After the introduction of the test in Africa the president of South Africa was told his land is in the grip of a very hard AIDS epidemic. And he didn't notice anything. So he did one thing, which was very clever he asked his undertakers how is the situation, is it booming, have you a lot of business. And they said there's nothing, we haven't any more funerals.

And the same situation we have now with COVID19.

We have no excess mortality in Germany, nothing. I asked our undertakers here in Kiel, they said the first quarter of this year was a catastrophe." - Dr. Sam Bailey, MD in "PCR Pandemic: Interview with Virus Mania's Dr Claus Köhnlein", 27 October 2020.

More Information

For more detailed information on the HIV "Virus" Medical Trade Farce, see Chapter 26 in the Book:

"Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2020.

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The Street Virus Farce

"L. T. Webster, in a review of the literature up to 1936, published in "American Journal of Hygiene, Vol. 30, 1939, concluded that ***there is no good experimental evidence that rabies vaccine given after the injection of street virus will prevent the development of the disease. Since that date we have not found published experiments on this phase of rabies immunization."*** *- Carl Tenbroeck, From The Rockefeller Institute for Medical Research, Princeton, N. J., in "Prevention of Street Virus Infection by Vaccine", Experimental Biology and Medicine, November 1950.*

"**Shortly after the introduction of the vaccine, fatal cases of paralysis, occurring during or after treatment, were recorded. These were ascribed by Pasteur and his supporters to the street virus producing "dumb" rabies; in other words, the vaccine had failed to protect.**

They insisted that the fixed virus of the vaccine was harmless.

It must be appreciated, therefore, that during or after treatment with rabies vaccine, paralytic rabies, due either to the street virus or to the fixed virus, may well be encountered. Both these conditions are accepted as fatal.

Some 3 years after the introduction of the vaccine there were reported cases of a condition considered to be paralytic rabies.

Laveran (1891) described a case of transient paralysis of the legs commencing 8 days after the start of treatment.

Within a short time a number of cases were reported, and it would appear that the authors considered that the condition was due to modification of the street virus.

Tonnin (1901) reported such a case and concluded that the causal factor was present in the vaccine.

Remlinger (1905) had collected records of 40 cases occurring among 107,712 persons treated. To this condition the term **"paralytic accident of Pasteur treatment"** has been

given.

Tumskaya (1931) reviewed the time relationship between onset of symptoms and commencement of treatment, and concluded that the accident occurred in 25% of cases in the first 10 days, in 62% during the 3rd week and later in the remaining 13%.

Stuart and Krikorian (1928) considered that the accident occurred within 35 days in practically 100% of cases.

Longer periods have been recorded, for example Imrie (1944) reported the onset of the complication 45 days after starting treatment.

The reported incidence of Neuroparalytic Accidents of Rabies Vaccination is reviewed.

In Hong Kong in the years 1949 to 1952, 14,119 patients were given the Semple Vaccine and 17 cases of **Neuroparalytic Accidents** were known to have occurred, **an incidence of 1 : 831.**" - A. J. S. McFadzean, G. H. Choa, in "The Neuroparalytic Accidents of Rabies Vaccination", Transactions of the Royal Society of Tropical Medicine and Hygiene, September, 1953.

Urinary Toxicity and Measles

"Two cc. of the urine of children affected with measles intravenously introduced into guinea-pigs and rabbits caused death of the latter with anaphylactic phenomena.

Similar effects were noted with urines derived from patients with serum exanthemata.

The urinary poison is the result of a pathological metabolism, is not influenced by heat or cold, is dialysable, but does not protect against new infections.

The urinary toxicity continues for various periods and may prove of differential-diagnostic value." - Dr H. Aronson, MD, Dr P. Sommerfeld, MD, in "Urinary Toxicity in Measles and other Infectious Disease", Deutsche med. Wochenschr., 12 September 1912.

Urinary Toxicity in Measles and Other Infectious Disease

"**The increased urinary toxicity determined by Aronson and Sommerfeld in the case of measles, occurs also in other diseases and even in healthy children.**

H. Mautner, Deutsche med. Wochenschr., 21 November 1912, found it 3 times in each, Measles and Diphtheria, and once in each, Scarlet Fever, Peritonitis, Chronic Arthritis, and Heart Disease." - in "Archives of Diagnosis", 1913.

Treatment of Measles with Red Light

"The Journal has referred to Chatiniere announcement that; Red Light has an abortive influence on measles (vol. Xxxi, p. 1129).

In Presse Med., April 1928, he reports 9 more cases treated exclusively with this phototherapy; the windows covered with red curtains and the room lighted at night with a photographer's red lantern. In each case the disease was unmistakably aborted. The eruption disappeared in 6 hours in most instances; fever, laryngeal and bronchial manifestations were promptly attenuated, and patients had recovered and were allowed to go out of doors by the 3rd to 5th day after the first manifestations of the disease.

The eruption disappeared first on the regions exposed to the light.

He suggests that the effect may be due to the reinforcing of the natural powers of the organism by the action of the red light. He has noted marked nervous phenomena in workmen employed in making photographic plates by red light.

Some neurologists claim that red is force-producing.

It is a custom in the Caucasus to dress the children in red garments in case of eruptive disease, especially measles." - in "Journal of the American Medical Association", 2 June 1900.

"Among the most recent therapeutic measures is the Treatment of Measles with red light, as suggested by Chatinière, who has treated 22 cases simply by hanging red curtains over the windows and other sources of light of the room, exposing the child as much as possible to these rays. He has found the disease to run an exceptionally mild course with rapid defervescence, fading of the rash, and absence of complications. *(La Presse Méd., 10 Sept. 1898, and 28 Apr. 1900; Arch. de Méd. des Enf., Sept., 1900; Rev. Mens. des Mal. de l'Enf., Oct., 1900)." - in "American year-book of medicine and surgery", Vol. 7, 1902.*

The Measles Virus Farce

"**Science can be considered science only if its claims are verifiable.**

Medical sciences has lost touch with reality for quite some time.

Anyone who has knowledge of biology and the genesis of life, of the development and functions of the tissue, of the body and of the brain, will automatically question the assumptions about viruses.

Any reading scientific papers about pathogenic viruses can realize that such viruses do not exist and what is being described are only typical components and characteristics of cells. After introducing chemical examination techniques in biology, it was discovered that there are thousands of types of phages and that phages of one type always have the same structure.

They consist of a particular molecule, made of nucleic acid, which is covered in a shell of proteins of a given number and composition.

It was only later discovered that merely the bacteria which had been highly inbred in the test tube could turn into phages themselves, by contact with phages, but this never applied to natural bacteria or bacteria which had

just been isolated from their natural environment.

In this process, it was discovered that these "bacterial viruses" actually serve to provide other bacteria with important molecules and proteins, and that the bacteria themselves emerged from such structures.

These tests represent the biochemical characterization of the phages. **In almost every case, these results have been and are being published in only one publication.**

The control experiments for these tests use liquid from bacteria which do not form phages and thus cannot present any biochemical proof.

The existence of approximately 2,000 different types of phages was "scientifically demonstrated" this way.

A vaccine was to help eradicate the alleged virus.

After the polio vaccine was introduced, the symptoms were then re-diagnosed among other things as:

1. Multiple Sclerosis,
2. Flaccid Acute Paralysis,
3. Aseptic Meningitis,
4. Etc...

And later polio was claimed to have been eradicated. During his experiments, Enders et al. sterilised the tissue cultures in order to exclude the possibility of bacteria killing the cells. The sterilisation and the treatment of the cell culture when preparing it for the alleged infection was exactly what was killing the cells. Instead, he interpreted the cytopathic effects as the existence and the action of polio viruses, without ever having isolated a single virus and described its biochemistry.

The necessary negative control experiments, which would have shown that the sterilisation and the treatment of the cells prior to the "infection" in the test tube was killing the cells, **have never been performed.**

However, for this "performance" Enders received the Nobel prize in 1954.

Thus, the measles vaccines do not contain viruses, but

particles of dead monkey kidney tissue or human cancer cells. To date, no negative control experiments have been done with respect to the so-called measles virus either, which would have shown that it is the laboratory procedures that lead to the cytopathic effects on the cells.

The easiest thing for anyone to notice is that in all these publications, as well as in all other publications on the "measles virus" and other pathogenic viruses, no control experiments were ever performed.

No researchers used the density gradient centrifugation technique; instead, they only centrifuged cellular debris at the bottom of a test tube. **From a logical and scientific perspective, it can be said that in all publications on so-called "pathogenic viruses", the researchers demonstrated in fact only particles and characteristics of cells.**

Prof Lüdtke's relevant review (1999).

He noted that at the early beginnings of virology, the majority of virologists always concluded that the structures they had mistaken for viruses turned out to be components of the cells and thus, they were only the result of the experiment and not the cause of the changes observed.

In 1992, the dogma stating that the nucleic acid is the genotype of all cells was retracted in the scientific community.

The dogma of pathogenic viruses, however, is still being promoted." - Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory; The Measles Virus as an Example", 2015.

The Federal Supreme Court has Lost Faith in Viruses

"In the 5-year" Measles Virus Process ", the Federal Court of Justice in Karlsruhe on 1 December 2016 confirmed the sensational judgment of the Stuttgart Higher Regional Court on 16 February 2016.

As of 1 December 2016, the highest court ruling in Germany is that all lawsuits related to measles infection, measles vaccines and the measles virus have no scientific basis. The justification of the verdict confirmed by the judge

includes the clear nomenclature of the facts, which not only refute **all the claims about measles infection, measles vaccines and the measles virus, but also about all the so-called "viruses causing diseases" and vaccines.**

Now the world is waiting for a first trial, which will bring the jurisprudence of this supreme judge, by which a compulsory vaccination, school exclusion, interference with the rights of parents or the right to choose a profession, the recognition of the harm of vaccination or unsustainability of the state vaccination recommendations issued.

This can and should, first in Germany and then throughout the world, lead to the approval of negative phenomena in medicine and the beginning of a truly scientific public health education.

The Federal Court of Justice is Losing Faith in Viruses

As a precaution, Judge Matthias Schneider, at the beginning of the trial, forbade me from being allowed to ask the expert questions. The judge knew that he had scientifically published experience in the field of virology to be negotiated and that the unskilled judicial expert had no scientifically published experience in the field of virology.

The court attempted the balancing act and wrote world history. He elegantly exposed, now legally effective, the erroneous belief in the "measles virus", the transferability of "measles" and the possibility and effectiveness of the so-called "measles vaccine". Not between the lines, but on the lines of the sentence, facts should be read that all claims about all disease-causing pathogenic viruses have been disproved. The Stuttgart Regional Superior Court had several problems with the facts presented when formulating the judgment. Some tried to legally neutralize him, others simply put him in the room without comment, without legally judging him.

For example, all the written and oral statements made by the judge, Prof. Podbielski, on which the entire procedure is based, are clearly and demonstrably incorrect.

At my appointment, I rejected all statements of the advisor. The quote also included 5 expert opinions, each of

which refutes Prof. Podbielski's statements.

The 4th Report confirms that Professor Podbielski, as a mere bacteriologist, has no published and practical competence in the field of virology. It should never have been used as an expert.

Another problem for the judges of the Regional Superior Court, who were optimally prepared for the procedure and obviously relaxed, was: the scientific counter-evidence to the claims of existence of the "measles virus" in the form of the 5th Report. This report clearly refutes all existing claims of a "measles virus". For this I refer to the fifth report on appeal, the contrary evidence report and my observations in this issue No. 2/2017 in WissenschafftPlus.

A major problem, which the Stuttgart Regional Superior Court tried in vain to resolve, will continue to be addressed to the court in the future.

It is the fact that the pro-virus expert, prof. Podbielski, was refuted at trial in the Ravensburg District Court.

In the crossfire of the rapporteur's questions, Judge Ana-María Brutscher admitted that her previous central and written statements about the "measles virus" are false.

This central and judicially registered refutation of the expert itself was suppressed by the Stuttgart Regional High Court at trial, just as the Ravensburg District Court did.

This important and only true statement of fact by Prof. Podbielski in the trial record of 12 March 2015 was not removed or changed. The Stuttgart Regional High Court had to suppress this fact to protect the expert and the Ravensburg district court from possible negative consequences, despite the fact that this "refutation of the expert by himself" in the "permissible" appeal is repeatedly presented, explicitly and unequivocally. On the other hand, a brilliant move by the court was the handling of the Robert Koch Institute's more concrete objection to the "measles virus" claims of existence.

The Robert Koch Institute, the highest scientific and state authority in the field of infection lawsuits, objected to all claims of existence about the "measles virus" through a document introduced in the procedure.

The Robert Koch Institute in the person of Prof. Dr. Annette Mankertz, director of the National Reference Institute for Measles at the Robert Koch Institute, also objected to previous claims by government agencies that "measles vaccines" are well tolerated and have no side effects.

The expert, Prof. Podbielski, refuted not only the claims of existence of the "measles virus" with his statements in said document from the Robert Koch Institute, but at the same time the supposedly "scientific" evidence of all the "disease-causing viruses".

The Stuttgart Regional High Court decided to mention these facts, but not to evaluate and not use them. The court expected that no one would read the verdict.

As a diversion, the court charged the media with legally irrelevant bite-size pieces that were swallowed and reproduced undigested after the end of the trial.

Events on 16 February 2016 in front of the Regional Superior Court Stuttgart

On 16 February 2016, interesting things happened before the Higher Regional Court of Stuttgart. Which the media did not report. At the beginning of the hearing, the presiding judge, Judge Karl-Heinz Oleschkewitz, criticized the plaintiff for acting as highly irresponsible in filing a lawsuit and maintaining the action. The court dismissed the plaintiff, Dr David Bardens, MD from Homburg claims that he himself has not read the 6 publications that allegedly contain the proof of the "measles virus" and which he named in the Ravensburg District Court as proof of the existence of the measles virus.

Bardens confessed. In the written justification of the judgment, which the Stuttgart Higher Regional Court published on its website (Judgment of the Stuttgart Higher Regional Court of 16 February 2016, file number: 12 U 63/15), the court was a step ahead. Paragraph 30 of the judgment states that the plaintiff did not submit the 6 publications to the Ravensburg Regional Court.

The main content of the written judgment, Stuttgart Regional Superior Court 16 February 2016

According to paragraph 122 of the judgment, the Higher Regional Court concludes the appeal was successful because "the proof of the existence of the measles virus was not satisfied by the applicant." The court referred to the court-appointed expert, Professor Podbielski, who testified in writing before the trial court and orally stated that none of the 6 publications submitted by Dr. Bardens contained evidence of the existence of the "measles virus".

The expert explains the existence of the supposed "measles virus", on page 27 of his expert report of 17 November 2014:

> *"However, it is not enough to affirm the validity of one of the 6 articles, but that the declarations of the combinations of the 6 articles are necessary for the evidential declaration."*

The Stuttgart Regional High Court rejects the fact that "the statements of the combinations of the 6 articles are necessary for the evidence" in order to prove the supposed existence of the measles virus, for legal, logical and scientific reasons, unanimously decided, 3:0 Prof. Podbielski's construction of presenting scientific evidence of 6 non-evidence tests, which was followed by the Ravensburg District Court, is rejected by the Court of Appeal for reasons detailed in paragraphs 82, 85 and 86 of the written judgment.

Therefore, it has been established in the courts and is now the German jurisprudence, so it can no longer be doubted that none of the 6 publications contains any evidence of the existence of the "measles virus".

According to German jurisprudence, the first publication in the measles virus process, the publication of Nobel Prize winner John Franklin Enders and his 1954 colleagues, there is no evidence of the alleged existence of the alleged "measles virus".

What makes this fact so important is, on the one hand, that this publication is the sole and exclusive basis of all the other approximately 30,000 "scientific" publications on the subject of measles virus, measles contagion and "protection against measles". All statements regarding "measles virus", measles transferability, and measles vaccination are based solely and solely on this publication. In this central publication, Enders states that cells in the test tube with or without suspected "infection" die from suspicion of "measles virus" in the saliva or blood of sick people.

In this work, he concludes that cell death could be evidence of the presence and multiplication of the presumed measles virus or the action of unknown factors or the action of unknown viruses in the cells themselves.

Enders also admits in this paper that his experiments with cells in a test tube could have nothing to do with actual measles in humans. (John F. Enders, Thomas C. Peebles, in "Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles", Proceedings of the Society for Experimental Biology and Medicine, 1 June 1954)

Later in 1954, Enders received the Nobel Prize for Medicine for such speculation. He and his colleagues forgot their own refutations and doubts, the end of all science, and claimed that exactly this 1954 procedure would multiply the measles virus and at the same time be the basis for all future vaccine development.

Enders and his colleagues have been overlooked, under the influence of the Nobel Prize, and as a result all virologists to this day, who inadvertently starve and poison cells before the real "infection experiment" begins.

The cellular components were isolated from the mixture of dying cells, never a "virus".

Based on a well thought-out model of what a virus should look like, the cellular components found were mentally - not in fact - assigned to the virus model in a year-long consensus building process.

These "viruses" do not appear anywhere in reality.

Typical cellular components, for example, the sticky feet of cells, called Villi, were misinterpreted as "viruses" in

cross-sectional images.

The measles vaccine, which is said to consist of attenuated "live measles viruses", consists exclusively of hungry and poisoned cells. It is clear why measles vaccination, in particular, causes significantly more vaccination damage in the form of mild to severe allergic reactions and, in the best scientifically proven sense possible, also autism.

Enders did not perform control tests to easily determine if a virus or hunger and poisoning were the cause of cell death.

To date, they have not been made by "science". We carry out these control tests as part of the "measles virus process".

The results demonstrate that the conditions that Enders established in 1954, starvation and poisoning of cells, lead to cell death without "infection".

On the other hand, that in the Regional Superior Court / Federal Court of Justice jurisprudence on the "measles virus" it is important that today all "disease-causing viruses" are "proven" using the method introduced by Enders in 1954.

This method, What Enders described in mid-1954 as "extremely cautious" speculation, became a "scientific fact" and the model and standard for all current detection methods for "sickly viruses" by the Nobel Prize in Enders on 10 December 1954.

On 16 February 2016, the Stuttgart Regional High Court not only wrote the world history on the "measles virus", but also refuted the "science" of the claims of all "sick viruses" and the usefulness of vaccines. of protection".

As of the announcement of the legal validity of the Superior Regional Court of Stuttgart judgment of 16 February 2016 by the Federal Court of Justice on 1 December 2016, all "measles vaccines" and enforcement measures in this regard are illegal.

Measles vaccines per se and all related restrictive measures are prohibited as of 1 December 2016, as they are no longer justifiable and may be prosecuted to invade the fundamental rights to physical integrity and life, education, rights of parents and free choice of profession.

With respect to all other "disease-causing viruses" and their vaccines, the legal validity of these events must be determined by additional decision or judgment.

Refutation of the "measles virus" and refutation of the alleged safety of measles vaccination by Prof. Dr. Annette Mankertz of the Robert Koch Institute

The Robert Koch Institute, the highest scientific authority in the field of infection theories and vaccination established by the Federal Government, and the highest federal and state health authorities make all claims about infections and vaccines without any scientifically published basis.

The reason for the refusal to carry out and publish research on the "measles virus" was made clear with the admission of the Robert Koch Institute on 24 January 2012.

This document refutes the existence of the "measles virus" and claims that vaccination against measles is safe and effective.

The Robert Koch Institute writes in it:

> *"Measles viruses, like other paramyxoviruses, do not have a precise size or a precise diameter: they measure 120 to 400 nm in diameter and often also contain ribosomes inside them." - Letter from the Robert Koch Institute, 24 January 2012.*

"Ribosomes" are the very factories of cells that humans, animals, and plants use to make their proteins.

Since the "measles virus" is defined by the fact that it does not contain any "ribosomes", this admission by the Robert Koch Institute has refuted all claims of the existence of the measles virus!

The Robert Koch Institute has admitted that it works with normal components of life and cells rather than "measles viruses".

Additionally, the Robert Koch Institute has provided evidence why measles vaccination, above all other standard vaccines, produces the highest rate of vaccine damage in the form of allergies and autoimmune reactions.

Detection of the Ribosome Virus in Measles

"It is alleged that it has not been clarified whether ribosomes have not been found at the Robert Koch Institute within measles viruses and that this excludes ownership as a virus." - in paragraph 117 of the Judgment, Regional Superior Court.

The court clearly expects readers to believe the court that the "ribosome argument" was resolved and invalidated by the court. In fact, this factual designation of the Robert Koch Institute was not clarified and it was not prosecuted.

The test: Even after 16 February 2016, measles vaccines are "vaccinated" against dozens of different skin diseases, which are only diagnosed as measles if the affected person reacts positively on the "measles virus test."

Depending on how these different "measles virus" testing procedures are set up, few, many, or all people with this test are "positive" regardless of whether they are healthy or sick.

We have achieved a small goal: through the complaint of Dr Bardens, MD and the resulting "measles virus process" became known to more citizens and leaders.

The process received huge national and global coverage.

We are grateful to Dr David Bardens, MD for having prevented, with this joint success, the politically required introduction of mandatory vaccination for particularly risky measles vaccination. The refutation of all virology and the expert Prof. Dr. Andreas Podbielski himself.

In paragraph 117 of its judgment of 16 February 2016, the Stuttgart Regional Superior Court mentions the refutation of all virology by the expert.

The expert is quoted as saying:

"The conceptual understanding of the virus is actually in flux." - Judgment of the Higher Regional Court of Stuttgart, file number: 12 U 63/15, 16 February 2016.

When something is in flux, it is not scientifically defined and should not be claimed as fact in public.

What Professor Podbielski did not mention is the fact that the well-known "virologists", as in 1951 and 1952, are once again in the process of revolutionizing and redefining all virology. **They have recognized that structures that have been misinterpreted as "viruses" live and our cell nuclei have emerged from them.**

They pledge to ensure that these structures are recognized as the 4th kingdom of life, in addition to the "kingdoms" of life, the primary bacteria, the bacteria and the actual cells that have been discovered so far.

What is explained below is what the Stuttgart Regional Superior Court also tried to hide with its observations in paragraph 116 of the judgment of 16 February 2016.

In 1997, the world's largest scientific fraud to date was made public. All the data on the claims of the "Hepatitis B Virus" and a Cancer Vaccine, involving hundreds of the most prominent AIDS, Gene, Immune, infectious and cancer scientists, were not only falsified, rather they were invented.

Dozens of prosecutors, parliamentarians and politicians called for scientific fraud to be punished. Acts are only punished if they were defined as a crime at the time of the act. The German Research Society (DFG), an association that distributes billions of research funds on behalf of governments, asked politicians who did not introduce the planned crime clause "scientific fraud".

The German Research Society claimed that science can only control itself. In order to convince politicians that they do not need to control science, the German Research Society appointed an international committee in 1997.

The task of the Committee was to draft scientific work standards that have always been in force and that are the same for all scientific disciplines, in the form of a binding set of norms, as the constitution of international science, and make them internationally binding. This also happened.

In Germany, since 1998, all scientists and institutions

receiving state funding for research have been forced to comply with this ingenious, logical and simple set of rules in their work and in the preparation of expert reports.

The sole basis of all virology since 1953 is the assumption published by Professor Enders in 1954 that cell death in the reagent could be evidence of the action of viruses or unknown factors.

It was only through the Nobel Prize in late 1954 that these self-refuting speculations became a scientific fact:

"They are viruses when cells die".

Since he made no control attempt, Enders and all of his successors have not yet noticed that hunger and poisoning are the cause of death of cells in the test tube and unsuspected viruses.

Robert De Niro's son became autistic at the time of vaccination. This demonstrates from a biological point of view that vaccines can cause autism." - Dr Stefan Lanka, Biologist, in "Der Bundesgerichtshof lässt den Glauben an die Viren untergehen", WissenschafftPlus, 2017.

Cellular Debris Not Virus

"All Viruses from HIV, EBV, CMV, Hepatitis C, West Nile Virus, Ebola, Measles, Zika, and Now the Coronavirus, are all "Phantom Viruses". Viral existence has never been scientifically demonstrated.

Enders et al., in "Propagation in tissue cultures of cytopathogenic agents from patients with measles", Proc. Soc. Exp. Biol. Med., June 1954, in this experiment, Enders et al., cut down dramatically on the nutrient solution and added cell-destroying antibiotics to the cell culture before introducing the allegedly infected fluid.

The subsequent dying of the cells was then misinterpreted as presence and also isolation of the measles virus. No control experiments were performed to exclude the possibility that it was the deprivation of nutrients as well

as the antibiotics which led to the cytopathic effects.

The 2nd paper presented by the claimant in the "Measles Trial" was published in 1959 and, for the reasons presented above, **the authors concluded that the technique introduced by Enders was not appropriate for the isolation of any virus.**

This rebuttal is not only not being discussed by all the other researchers, but it is being ignored completely!

In a 3rd paper, the authors photographed typical cellular particles inside the cells and misinterpreted these as measles virus. They did not isolate any virus.

From the way the experiments were performed, one can only conclude that cellular particles were misinterpreted as viruses. We find the same situation in the 4th and the 6th publication put forward by the claimant as proof of the existence of a measles virus." - Dr Robert O Young, DSc, 19 June 2020.

The Out of Control Medical Trade and The Corruption of Medical Science

"1. Several False Statements Regarding HIV testing by Gallo, Geffen, Gonsalves, et al. (Gallo et al 2006).

On 4 March 2006, Robert Gallo, together with pro-antiretroviral HIV activists from the Treatment Action Campaign in South Africa, the Gay Men's Health Crisis in the USA, the Elizabeth Glaser Pediatric AIDS Foundation USA, and others (Gallo et al 2006), released an alleged rebuttal of an article by Celia Farber in the March 2006 issue of Harper's Magazine: "**Out of control: AIDS and the Corruption of Medical Science**", Farber 2006.

Regarding HIV testing, Gallo and his co-authors assert that (Gallo et al 2006):

"HIV tests were highly accurate from the time they were developed in 1984 and have become much more accurate over time as the underlying technology has evolved. HIV tests are amongst the most accurate available in medical science."

"A PCR test for the presence of the virus itself can accurately determine a child's HIV status."

"An AIDS diagnosis cannot be considered definitive without an HIV test."

"The risk of a false positive HIV test in Africa, as elsewhere, is very small if the correct protocol is followed. Some HIV antibody tests have been tested in Africa and found to be very accurate. These are the ones generally used. For example, the Abbott Determine rapid test used widely in South Africa has a specificity of at least 98% (and in some studies has achieved close to 100%). When this test is combined with a second rapid test or an ELISA test to determine HIV status, the risk of a false positive is negligible. The contribution of TB and malaria to false positives on today's tests is also negligible."

"A properly conducted HIV-test protocol (which involves at least 2 HIV tests) has very small chance of giving a false positive, irrespective of pregnancy status."

However, available scientific data do not validate these statements. Several established scientific facts supporting the contention that HIV tests cannot diagnose HIV infection are as follows:

2. Pharmaceutical companies acknowledge that HIV tests are not specific for HIV.

The primary tests for the diagnosis of HIV infection are two antibody tests. **None of these tests detect the HIV virus itself.**

Therefore, the pharmaceutical drug manufacturers acknowledge the fact that neither the ELISA, nor the Western blot, nor the Viral Load tests for HIV are specific to diagnosis HIV infection.

The only possible gold standard for the HIV tests is the human immunodeficiency virus itself, HIV. Since HIV has never been isolated as an independent, free and purified viral particle, it is not possible to properly define either the sensitivity or the specificity of any of these tests.

The large majority of AIDS researchers, journalists, lay people, and health care workers themselves do not understand the limitations of these tests because they do not have access to the relevant data. Additionally, little or no concern is expressed by medical faculties and research institutions with regard to communicating these facts to physicians, let alone to the general public.

3. HIV has never been either isolated or purified as a real virus.

However, neither Montagnier, nor Gallo, nor Levy et al. had adhered to these techniques when they claimed to have isolated "the AIDS virus" in 1983 and 1984 (Barré-Sinousi et al 1983; Papovic et al 1984; Gallo et al 1984; Levy et al 1984).

The first two steps were omitted; they did not provide the electron microscope evidence.

The alleged existence of HIV was asserted from the study of proteins, reverse transcriptase activity (RT), and RNA fragments that were found in culture supernatants, not from the direct analysis of purified viral particles.

Surprisingly, the existence of HIV was then claimed indirectly, on the basis of the presence in complex cell cultures. However, **none of these substances have been proven to belong to HIV.**

"The specificity of viral markers depends on the success of virus isolation and purification. Without fully demonstrated success in virus isolation and purification, identification of viral markers is extremely hazardous and can lead to severe misinterpretation of clinical data. An illustration of this is to be found in current HIV research.

HIV has never been either isolated or purified as intact viral particles. Therefore, there is no scientific data validating the contention that what is currently referred to as HIV is in fact a virus!

There does not exist a single test tube in any laboratory anywhere containing purified particles of HIV.

They are working with proteins, enzymes, or fragments of RNA that have been arbitrarily regarded as belonging to HIV. The fact that after 25 years of intense research HIV has been neither isolated nor purified in terms of classical virology indicates to us that the infectious view of AIDS as a contagious viral disease is based on an apparently non-existent microbe!

"The 'Viral Load' of newspapers and magazines, all over the world is extremely high, meaning the number of pictures of HIV published almost daily in the world's press. These pictures are extremely attractive, and are frequently rich in artificial colours. They clearly exemplify the danger of misinforming the public with computer graphics.

"HIV viral load" cannot, therefore, diagnose HIV infection.

Some of the conditions that cause false positives on the so-called "AIDS test" are:

Past or present infection with a variety of bacteria, parasites, viruses, and fungi including tuberculosis, malaria, leishmaniasis, influenza, the common cold, leprosy and a history of sexually transmitted diseases; the presence of polyspecific antibodies, hypergammaglobulinemias, the presence of auto-antibodies against a variety of cells and tissues, **vaccinations**, and the administration of gamma globulins or immunoglobulins; the presence of auto-immune diseases like erythematous systemic lupus, sclerodermia, dermatomyositis and rheumatoid arthritis; the existence of pregnancy and multiparity; a history of **rectal insemination**; **addiction to recreational drugs**; several kidney diseases, renal failure and hemodialysis; a history of organ transplantation; presence of a variety of tumors and

cancer chemotherapy; many liver diseases including **alcoholic** liver disease; hemophilia, blood transfusions and the administration of coagulation factor; and even the simple condition of aging and some **vaccinations, to mention the most important** (Johnson 1993, 1995, 1996; Hodgkinson 1996; Turner 1996, 1997/8; Shenton 1998; Papadopulos-Eleopulos et al 1993; Giraldo 1997, 2000).

Biochemically the body responds, non-specifically, to exposures to cocaine, sex lubricants, malnutrition, electromagnetic fields or to unclean water and parasites. The non specificity of these "stresses" was discovered by Hans Selye in the middle of the last century (Selye 1936, 1946; 1982). The successful nutritional and antioxidant therapies in the prevention and treatment of AIDS (Giraldo 2003) can now be better understood. **Let us unite with Love and Compassion to defend humankind from "AIDS and the Corruption of Medical Science.**"

- Dr Roberto A. Giraldo, MD, specialist in internal medicine, infectious and tropical diseases. Member of the South African Presidential AIDS Advisory Panel;

- Dr Etienne de Harven, MD, specialist in pathology, virology and electron microscopy, Emeritus Professor of Pathology, University of Toronto, Canada, Member of the South African Presidential AIDS Advisory Panel, President of Rethinking AIDS, France, in "HIV Test cannot diagnose HIV Infection, A reply to several of the numerous fallacies contained in the document entitled "Errors in Celia Farber's March 2006 article in Harper's Magazine", (Gallo et al 2006)", April 2006.

Concerning Virulence

*"**The qualities of virulence are of course among the most unstable of bacterial characters**; and immunity reactions of all sorts are quickly modified by the conditions of cultivation." - Dr S. Gueney-Dixon, MA, MD, MRCS, LRCP, in "The transmutation of Bacteria", 1908.*

*"**The more I see of acquired Disease, the more impressed I become with the Vascular System being the part of the body which bears the brunt of the attack of the ever-increasing Virulence of Intestinal Toxaemia.**" - Dr J.E.R. McDonagh, F.R.C.S., in "The Nature of Disease Institute Second Annual Report", 1949.*

Disease Germs are Product of Disease, Never its Primary Cause

"Germs are frequently associated with the disease process. They may produce or modify symptoms.

Normally their function is beneficent, protective.

Some are concerned with digestion; others are scavengers, facilitating removal of waste.

Germs exhibit a quality strangely reminiscent of their human hosts - they tend to assume the character of their environment. It has been demonstrated repeatedly by experiment that perfectly harmless and even beneficent germs may be metamorphosed, by altering their food, into varieties of the most deadly virulence.

*"Behind the microbe **there is to be sought the cause of the microbe**, and this in every case is the state of the soil which permits him to flourish." - Leonard Williams*

Disease germs are a product of disease, and never, as the Medical Profession still blindly believes, its primary cause.

Attempts at "curing" disease, in bodies blocked with food poisons, by attacks upon the germs which may be comply eating the condition, kills many germs; but kills almost as many people, and can never heal disease.

People with clean systems are naturally immune; but disease germs, having appeared in the unhealthy, may disseminate disease among any whom unhealthy living has rendered susceptible.

But remove the cause, eliminate the accumulated waste, and germs and symptoms alike disappear.

We must concern ourselves not with the germs, but with the wrong conditions of living that make them a menace.

The best way to get rid of maggots and poisonous odours is to remove the garbage and prevent its collection - not dissipate energy in futile attempts to destroy the flies." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

The Concept of Virus

"The man in the street generally considers viruses as the dangerous agents of infectious diseases. If one has to lecture before an assembly of microbiologists, one becomes aware of the fact that the real danger lies with the virologists.

When by reading their writings one tries to understand what a virus is, one reaches a sort of feeling of the possible existence of some slight theoretical misunderstandings amongst virologists in which it may be dangerous to be involved. Some virologists are convinced that viruses are micro-organisms. This view is expressed in Sir MacFarlane Burnet's book : "Virus as Organism". Other virologists, like Wendell Stanley, feel that viruses should be considered as molecules. A third class is represented by F. C. Bawden and N. W. Pirie who write, "statements that viruses are small organisms should be regarded with as much suspicion as statements that they are simply molecules"." - A. Lwoff, in "The Concept of Virus", Journal of General Microbiology, August 1957.

The Origin and Nature of Viruses

"The appearance and existence of an organism **lacking a cohesive morphological structure, that is: its subsystems are not in structural continuity.**

Metabolism

After the virion or nucleic acid enters the host cell, the viral genome is decoded and the synthesis of viral proteins begins. These newly synthesized molecules belong to the virus and the process of their synthesis establishes viral metabolism (even if it is a "genetic metabolism"). In this stage, where whole viral molecules exist, **currently accepted theories do not satisfactorily explain how the viruses are individualized.**

In general, there are 3 points of view on this problem:

1. The so called "eclipse phase", which in fact signifies the "disappearance" of the virus after it enters the host cell, is no longer an answer.

2. The identification of viruses with only nucleic acid inside of the host cell still persists although it is obvious that we cannot identify the virus with only a single molecule as long as there are other viral molecules in the host cell.

This Raises the Question: Is it correct to consider such dispersed subsystems as a superior system called the virus organism?

One of the most obvious differences between viruses and all other organisms is considered to be their possession of only one type of nucleic acid, either DNA or RNA in their ontogeny. This may be true for virions, but after the viral DNA enters the host cell it is transcribed to mRNA.

Should this RNA be considered as belonging to the host cell or to the virus?

Indeed, it is built from subunits of the cellular medium, but the information comes from viral DNA.

If we consider that this RNA is not of the virus, then we must also do the same with the new viral DNA molecules which are built on the same principle, and this is a nonsense.

It should be noted that the appearance of "RNA viruses" from cellular mRNA (**Salvador Luria;** J. E. Darnell, "General

Virology", 1967) is not likely because it is difficult to imagine how a cellular mRNA could accidentally appear and have the proper "genes" tocontrol:

1. The synthesis of capsid proteins with exact biochemical affinity for the respective mRNA molecule;
2. The synthesis of RNA-replicase which must control multiplication of viral RNA in new host cell (this is in agreement with the actual evidence that in the host cell, the virus will not find such an enzymatic system);
3. The synthesis of various enzymes needed to assure the ontogenetic and phylogenetic individuality of the new system in relation to the cell. The third characteristic is of paramount importance for establishing the origin of viruses.

Even if one tries to determine the advantages the cell might have obtained by fixing genetic mutations which would have lead to the endogenous appearance of viruses, these arguments seem weak." - Claudiu I. Bandea, in "A New Theory on the Origin and the Nature of Viruses", Journal of Theoretical Biology, 21 December 1983.

Attempts to Transmit the Virus of St. Louis Encephalitis to Newly Hatched Chicks

"The experiment was designed to determine the survival of virus under normal conditions in the living chick brain and also to detect increase in amount of virus.

The infectious agent was not recovered after 7 days in the chick brain and the titrations show no evidence of increase in amount.

It is apparent from the results recorded in this paper that in spite of the most favourable circumstances, attempts to establish either apparent or inapparent infection with encephalitis virus in the newly hatched chicks were unsuccessful.

It, therefore, appears doubtful that the chick could serve

as a reservoir of the virus in nature." - S Edward Sulkin, Carl G. Harford, J. Bronfenbrenner, in "Attempts to Transmit the Virus of St. Louis Encephalitis to Newly Hatched Chicks", The Journal of Infectious Diseases. November 1940.

The Role of Vitamin C

"**For any virus that causes a biological change in the body, there is a substance that will prevent this "virus" from causing this biological change.**

We will call this substance an anti virus substance.

A mechanism where when Vitamin C is present the body can more easily manufacture the anti virus, other mechanisms, and the comparison of properties of humoral antibodies and interferon with suspected properties of anti viruses." - V. A. Nelson, in "Medical Hypotheses", July 1978.

Swine Flu Beaten With Vitamin C

"Remember King Country dairy farmer Allan Smith, written off as dead, by his doctors. His family insisted on intravenous vitamin C and Alan survived.

> ***"In a nutshell: I wouldn't survive, if I hadn't had the Vitamin C."*** *- Allan Smith*

Well after that story last month there was a clamour throughout the country families of swine flu victims demanded the same treatment." - in "Why can't we try?", 60 Minutes, New Zealand, September 2010.

> ***"Neutrophils are the most abundant type of granulocytes and make up 40% to 70% of all white blood cells in humans. They form an essential part of the innate immune system."*** *- in "Wikipedia"*

"The polymorphonuclear neutrophil (PMN) is the primary defence against bacterial and fungal invasion. Defects of neutrophil number and function commonly present with recurrent and severe bacterial and fungal infections, often involving the skin and respiratory tract as well as deep tissue sites." *- in "Laboratory evaluation of neutrophil disorders", UpToDate, 15 April 2020.*

"Though, sepsis is one of the major causes of mortality and impairs the function of neutrophil in acute liver failure. Neutrophillic dysfunction may play a signficiant role in predisposition to infection and potential of reactive oxygen species may be responsible. The present study was plan to assess the abnormality of neutrophillic function test and oxidative stress markers (lipid peroxidation, free radical antioxidant potential, Vitamin C, *Ceruloplasmin, Myeloperoxidase, Superoxide dismutase)* ***in patients with acute liver failure. Involvement of reactive oxygen species on neutrophils functioning in sepsis could be responsible and play a pivotal role in pathogenesis of acute liver failure. Thus, assessement of antioxidant potential and NBT test could be an early marker for acute liver failure patients."*** *- S Prakash, et al., in "Assessment of Oxidative Stress Markers and Neutrophilic Function in Patients with Acute Liver Failure", Indian Journal of Clinical Biochemistry, December 2007.*

"Sepsis, is a leading cause of morbidity and mortality worldwide. Decades of research have failed to identify any specific therapeutic targets outside of antibiotics*. More recently,* ***Vitamin C has emerged as a potential therapeutic agent to treat Sepsis.*** *Vitamin C has been shown to be deficient in Septic patients and the administration of high dose intravenous as opposed to oral Vitamin C leads to markedly*

improved and elevated serum levels. ***Its physiologic role in Sepsis*** *includes:* ***Attenuating oxidative stress and inflammation, Improving vasopressor synthesis, Enhancing immune cell function, Improving endovascular function, and epigenetic immunologic modifications.*** *A plethora of laboratory, animal, and clinical studies are building a compelling case for a crucial role of HDIVC in the treatment of Sepsis.* ***Given the multitude of mechanisms of action, Vitamin C may succeed where other possible Sepsis treatments have previously failed.****" - Dr Markos G. Kashiouris, MD, et. al., Virginia Commonwealth University School of Medicine in "The Emerging Role of Vitamin C as a Treatment for Sepsis", 22 January 2020.*

"I'll never forget this. It was about 12 years ago. We had 2 cages. We had a cage of mice that just got the faeces-induced peritonitis. Then we had another cage of mice with faeces-induced peritonitis, but 40 minutes after they got the faeces, we injected 200 micrograms per gram of body weight of the mouse of vitamin C. Put the cages aside. That was about 4:00 in the afternoon.
And so the next morning I get into the laboratory, and there in front of me was a cage full of dead mice, and cage full of mice that were running around eating, and drinking. The mice who had received the vitamin C. And it was like electricity. We knew that something had gone on with the mouse model that interrupted the course of sepsis." - Dr Alpha A. Fowler III, MD, interview, in "The Effects of Vitamin C in Sepsis and ARDS", 1 October 2019.

"Flu can led to Sepsis. Doctors have found that rates of sepsis and severe sepsis tend to go up during so-called flu season." *- in "Sepsis Alliance", 2021.*

"By definition, sepsis involves life-threatening organ dysfunction caused by a person's dysregulated immune response to an infection. ***Seriously ill Covid-19 patients are technically afflicted with sepsis,*** *a national sepsis expert says.* ***"For Covid-19 patients who require ICU care, by definition, nearly all of them have sepsis."*** *- Dr Steven Simpson, MD, professor of pulmonary and critical care medicine at The University of Kansas." in "Healthleaders", 25 November 2020.*

"In 2 complementary hospital cohorts, ***we found that sepsis contributed to 1 in every 2 to 3 deaths****, and most of these patients had sepsis at admission." - in "Hospital Deaths in Patients With Sepsis From 2 Independent Cohorts", JAMA, 2 July 2014.*

"Sepsis is the 2nd most common cause of death in non-coronary intensive care units and is the 10th leading cause of death in the United States (Angus 2001).

Annually, over 750,000 people are affected by sepsis with high morbidity (more than 210,000 deaths) (Angus 2001).

Sepsis contributes over 6% of total deaths in the United States, with an average increment of 1.5% every year.

Sepsis forecasts are predicting a catastrophic rise to about1 110,000 cases annually by 2020 (Melamed and Sorvillo, 2009).

The mortality rates associated with the Systemic Inflammatory Response Syndrome (SIRS) 7%, Sepsis 16%, Severe Sepsis 20%, Septic Shock 46%.

It leads to an increase in vascular permeability, changes in cardiac function and alteration of metabolic balance, which results in tissue necrosis, multiple organ failure, hypotension, hypoperfusion and finally death (Rittirsch 2008).

Sepsis occurs when the SIRS is accompanied by

infections such as pneumonia and urinary tract infection.

Sepsis is inflammatory dys-regulation exhibited after bacterial infection.

Microorganisms have special structural components known as pathogen-associated molecular patterns (PAMPS), such as **LPS (endotoxin)** in Gram-negative bacteria and peptidoglycans in Gram-positive bacteria.

These foreign molecules interact with host cell receptors known as Toll-like receptors (TLRs) expressed by host immune response cells such as macrophages.

Among TLRs, TLR4 selectively recognizes **bacterial LPS or endotoxins** (Beutler, 2002) and transduces their signal to the interior of cells through NF-κB, **leading to transcription of pro-inflammatory cytokines** such as TNF-α, IL-1 and IL-6 (Anas 2010).

Chloroquine

Chloroquine, as well as its derivative hydroxychloroquine, by inhibiting HMGB1 release has been demonstrated to have therapeutic potential for lethal sepsis, and systemic inflammation in an animal model of lethal endotoxemia and sepsis in vivo (Yang 2013)." - Prashant Shukla, et al., in "Therapeutic interventions in Sepsis: current and anticipated pharmacological agents", British Journal of Pharmacology, 2014.

"Please read this last article twice and have the word Toxaemia in mind." - Editor

Intensive Care Unit Nurses on Vitamin C Therapy for Sepsis

"So, before we started this vitamin C protocol, we would have septic patients come in, and they would have multiple co-morbidities.

They would be critically ill, they would be maxed out on several pressors, antibiotics would be infused, blood cultures etc., we would basically be giving them life support.

We would just go day after day, their kidneys would get to the point that they would fail. And we would have to do around-the-clock dialysis on them, and I mean they just weren't getting any better in any length of time.

We come in there, pressures would be really low, elevated heart rates just on death door.

That was kind of our situation beforehand, and it was pretty difficult.

Dr Paul Marik, MD came on in, with his vitamin C protocol.

This finder of information, and he wanted to start giving patients vitamin C infusions, steroids and other vitamins as well.

I think a lot of us here we're a little sceptical about Dr Paul Marik, MD study.

We're kind of like everybody else, this had to be some sort of fallacy, it just seemed too simple.

And remarkably our patients were getting better.

We administered early on to some of our patients, and they started to turn around quickly, like within 12 hours, we thought it had to be a fluke, but then we started having patient, after patient, after patient that just had these remarkable results they would be at death's door, and 12 hours later they would be like 50% better 24 to 48 hours later. We literally have seen patients walk out of here we did not think would leave.

And now we're still working hard, and we're seeing better outcomes, and we're not coming in to work the next day and our patient passed away.

It sounds unbelievable until you experience it. But once

you do. Sorry, I get goose bumps, now just thinking about how these patients get so much better so quickly." - in "ICU nurses at Eastern Virginia Medical School discuss their experience with new therapy for sepsis involving intravenous Vitamin C", EVMS, 23 May 2017.

It only took 70 years to get "discovered" after the first Doctor figured it out. Dr Klenner, MD, cured 60 out of 60 polio cases with IVC back in the late 40's and presented his results to the AMA. The silence was overwhelming.

Flu-like Symptoms Occur During Gouty Arthritis Attack

*"The inflammation that is part of a gout attack is systemic, so that **fever and chills, fatigue and malaise** are not uncommonly part of the picture of a gout attack." - Dr Theodore R. Fields, MD, FACP, in "Gout", HSS, 18 December 2017.*

"A high uric acid build-up in the body is called Gout.

When inflammation and pain develop, is called a Gouty Arthritis Attack.

In addition to joint pain and inflammation, Flu-like symptoms occur during a Gouty Arthritis Attack.

According to the American Academy of Family Physicians, this includes:

1. Low-grade fever.
2. Chills.
3. Generalized body aches.

Sometimes a spike in the white blood cell count, called leukocytosis, also occurs." - Katherine Bendickson, in **"Signs of High Uric Acid"**, Healthfully, 5 December 2018.

"Gout is a disorder caused by hyperuricemia, that results in the precipitation of monosodium urate crystals in and around joints, most often causing recurrent acute or chronic arthritis.

Symptoms and Signs

Acute gouty arthritis usually begins with sudden onset of pain. The **pain** becomes progressively more severe, usually over a few hours, and is often excruciating.

Fever, Tachycardia, Chills, and Malaise sometimes occur." - Dr Brian F. Mandell, MD, PhD, Cleveland Clinic, October 2020.

Sindbis Virus Farce

"**Pogosta disease is a viral disease.**

The symptoms of the disease include usually **rash, as well as mild fever and other flu-like symptoms**; in most cases the symptoms **last less than 5 days**. However, **in some cases, the patients develop a painful arthritis.**

It has long been suspected that the disease is caused by a Sindbis-like virus, a positive-stranded RNA virus belonging to the Alphavirus genus and family Togaviridae.

In 2002 a strain of Sindbis was isolated from patients during an outbreak of the Pogosta disease in Finland, **confirming the hypothesis.** (Causative Agent of Pogosta Disease Isolated from Blood and Skin Lesions", 2004)." - in "Wikipedia"

> ***"Cloning: The PCR amplicons were purified with QIAquick gel extraction kit (Qiagen, Hilden, Germany).*** *The amplicons were cloned with TOPO TA Cloning Kit for Sequencing (Invitrogen, Carlsbad, CA), following the manufacturer's instructions, and transformed into TOP10 chemically competent Escherichia coli cells on bacterial plates containing x-gal (5-bromo-4-chloro-3-indolyl-β-D-galactoside) and IPTG*

(isopropylthio-β-D-galactoside) for blue-white screening. ***The plasmid DNA was isolated*** *with QIAprep Miniprep kit (Qiagen), and restriction analysis was performed. Vector-based primers M13 Reverse and T7 were used for* ***automatic sequencing with ABI PRISM (Perkin-Elmer, Foster City, CA)****." - Satu Kurkela, et al., in "Causative Agent of Pogosta Disease Isolated from Blood and Skin Lesions", Emerg Infect Dis.", May 2004.*

*"****A Plasmid*** *- is a small, extrachromosomal* ***DNA molecule within a cell*** *that is physically separated from chromosomal DNA, and can replicate independently. They are most commonly found as* ***small circular, double-stranded DNA molecules in bacteria****." - in "Wikipedia"*

Global Epidemics: Is it "Viruses" or Sepsis?

Goodbye to "Virus" Theory

"The global burden of Sepsis is estimated as 15 to 19 Million cases annually, with a mortality rate approaching 60% in low-income countries." *- Dr Paul E. Marik, MD, FCCP, Dr Vikramjit Khangoora, MD, Dr Racquel Rivera, PharmD, Dr Michael H. Hooper, MD, Dr John Catravas, PhD, FCCP, in "Hydrocortisone, Vitamin C, and Thiamine for the Treatment of Severe Sepsis and Septic Shock", Chest Journal, 3 February 2017.*

"According to recent studies, Sepsis kills 11 Million people each year. It disables millions more.

"The world must urgently step up efforts to improve data about sepsis so all countries can detect and treat this terrible condition in time. ***This means strengthening health information systems***

and ensuring access to rapid diagnostic tools, and quality care including safe and affordable medicines and vaccines." *- Dr Tedros Adhanom Ghebreyesus, WHO Director-General.*

Sepsis occurs in response to an infection. When sepsis is not recognized early and managed promptly, it can lead to septic shock, multiple organ failure and death.

Patients who are critically ill with severe COVID-19 and other infectious diseases **are at higher risk of developing and dying from Sepsis.**" in "WHO calls for global action on sepsis - cause of 1 in 5 deaths worldwide, 8 September 2020.

Lets Read What They Say

1. "**Sepsis kills 11 Million people each year."**

Since the first confirmed death was in Wuhan on 9 January 2020, to the 15 of February 2021, according the Johns Hopkins University & Medicine, COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE): there where 2,401,392 Global Deaths.

Sepsis	2019	11.000.000
Tobacco	2019	8.000.000
Covid-19	2020	2.401.392

Numbers of: Sepsis Annual Deaths, and Tobacco Annual Deaths; according the the WHO website, 15 February 2021.

2. "Strengthening Health Information Systems,
Rapid Diagnostic Tools,
Affordable Medicines,
Vaccines."

Lets now digest this words, and lets think: **Where they fit with the interests of the "Bill & Melinda Gates Foundation", the interests of the "Wellcome Trust", The**

Medical Trade, the Multi Trillion Dollar Pharmaceutical Industrial Complex, and the interests of the vast network of individuals and institutions that live world wide at the expense the WHO?

3. "and "other infectious diseases."

What do they mean by "other infectious diseases"?

> ***"Infectious diseases are disorders caused by organisms - such as bacteria, viruses, fungi or parasites. Many organisms live in and on our bodies. They're normally harmless or even helpful.*** *But under certain conditions, some organisms may cause disease."- in "Infectious diseases", Mayo Clinic, 15 February 2021.*

4. "But under certain conditions, some organisms may cause disease."

If we understand that **"certain conditions"** are:

"Adults of any age with **certain underlying conditions** are at increased risk for severe illness from the virus that causes COVID-19.

Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- **Cancer**
- **Chronic kidney disease**
- **COPD (chronic obstructive pulmonary disease)**
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant

- Obesity (body mass index [BMI] of 30 kg/m^2 or higher but < 40 kg/m^2)
- Severe Obesity (BMI ≥ 40 kg/m^2)
- Pregnancy
- Sickle cell disease
- **Smoking**
- **Type 2 diabetes mellitus**

"COVID-19 is a **"new disease."**

Adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m^2, but < 30 kg/m^2)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- **Type 1 diabetes mellitus**" - in "People with Certain Medical Conditions", National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, CDC, 3 February 2021.

So, in other words: If you have good health, you are not going to be at the risk of the "virus".

If you have a metabolic disease, if you have health problems, don't over eat in winter, and eat healthy. The "virus", is selective in 2 ways:

1. The "virus" selects the winter season, or, in the case of the tropics the rainy season.
2. The "virus", is selective in those who it "attacks", e.g.

   a. Individuals with health conditions.
   b. Adults over 60's.

The $7 Billion Dollar Question

That is the Budget of the CDC for 2021.

Every 12 months the US Congress gives in a golden plate to the CDC "Scientists", "Laboratorians", and "Disease Detectives", (Medical Trade), Billions of Dollars, every 12 months for them to study and find out the causes of diseases (please read the Book the Unknown Causes of Disease, or, The Idiopathic Nature of Medicine, 2021).

That is 588 Million Dollars per Month ($588,575,500)

1. How does the "virus", knows when is the winter season?

2. How does the "virus" know if the person has at least one disease?

"The Fiscal Year (FY) 2021 budget request for CDC and ATSDR includes a total funding level of $7,062,906,000 in discretionary budget authority, Prevention and Public Health Fund (PPHF), and Public Health Service (PHS) Evaluation funds.

CDC scientists, laboratorians, and **disease detectives** will continue to work **around the clock** and **around the world** to identify, prepare for, and respond to disease threats.

CDC's work is exemplified in the following priority initiatives included in the request:

- Ending the HIV Epidemic: A Plan for America
- Global Health Security

• Influenza Planning and Response
• Public Health Data Modernization
• Addressing the Rising Threat of Vector-borne and Tickborne Diseases." - in "CDC Financial Year 2021 Congressional Justification", 23 March 2020.

"Tickborne Diseases" Another Medical Trade Fantasy Or the Art of Looking for Diseases in the Wrong Place

Tickborne Diseases – This is another farce.

There is 0 (zero) evidence of this claim.

This is another scam, that can be easily shown by treating those who have this so-called "Tickborne Diseases", and by forcing the CDC to enact the transmission of "Tickborne Diseases", in front of a live audience.

The individuals, who have been "diagnosed" by the Medical Trade, have a severe lesion in the along the spinal cord (which can be easily treated), and, or, severe reaction to toxicity, either commercial contaminants (Aluminium, Teflon, Pesticides, Herbicides, Paints, and other contaminants), or contaminants from Pharmaceutical origin, such as Medical Trade Poisonous, such as; drugs, vaccines ingredients, etc.

> *"The proof is in the pudding - or the turkey if you please." - Henry Dircks, in "Joseph Anstey", 1863.*

The Powerful Prince CDC

"The volume which records the transactions of statesmen, often suggests the remark that **the success of mediocrity, affords a valuable lesson to the world**, a lesson the more extensively useful, because the example is calculated to operate upon a far more enlarged scale than the feats of rare endowments.

In private individuals, moderate talents, however misused by disproportioned ambition, can produce little harm, except in exposing the folly and presumption of their possessors.

But in princes, moderate talents, unaccompanied with discretion and modesty, are calculated to spread the greatest misery over whole nations.

The pursuit of renown, when confined to maladministration at home, is extremely mischievous." - in "Historical Sketches of Statesmen", 1839.

How Can You Tell The Difference Between a Cold and the Flu?

"Because Colds and Flu share many symptoms, it can be difficult (or even impossible) to tell the difference between them based on symptoms alone." *- in "Cold Versus Flu", National Center for Immunization and Respiratory Diseases, CDC, 31 August 2020.*

What is the Difference Between Influenza (Flu) and Covid-19?

The Striking Similarities of Covid-19 and Flu

"Common Symptoms of Covid-19 and Flu:

1. Fever or feeling feverish/chills.
2. Cough.
3. Shortness of breath or difficulty breathing.
4. Fatigue (tiredness).
5. Sore throat.
6. Runny or stuffy nose.
7. Muscle pain or body aches.
8. Headache.
9. Some people may have vomiting and diarrhoea.

Difference of Covid-19 and Flu

Flu	COVID-19
	Covid-19, different from Flu **may** include; Change in, or **Loss of Taste, or Smell**

- in "What is the difference between Influenza (Flu) and COVID-19?", National Center for Immunization and Respiratory Diseases, CDC, 27 January 2021.

So in accordance to the CDC, the only deference is the maybe ("**may** include"); "Change in, or **Loss of Taste, or Smell**."

Why You Lose Your Sense of Smell and Taste When You Have a Cold

> ***"When you have a cold, the swelling causes inflammation and obstruction, which impairs your smell.*** *The flavour of food is produced only after taste is combined with a smell, so if* ***a stuffy nose impairs your sense of smell, it will also decrease your perception of taste."*** *- Lauren Burley Copley, in "Why* ***you lose your sense of smell and taste when you've got a cold,*** *Health 24, 18 April 2016.*

Temporary Loss of Taste and Smell a Symptom of Cold

"We all get one sooner or later. But that doesn't make it any easier to accept when we do get one.

We're talking about the common cold, of course.

And even though its effects are usually mild, the cold is one of the most common diseases afflicting man.

What makes the common cold Public Enemy No. 1.

Is responsible for more ill health, disability and general all-around grumpiness, than any other malady.

The Cold Season extends from September to May.

And during that period nearly 14% of the American population will catch a cold.

We all know the Common Cold Symptoms:

1. Watery eyes.
2. Headaches.
3. Fever.
4. Chills.
5. Sore muscles.
6. **Temporary loss of taste and smell.**

Not only is it a drag to catch a cold, it's a pain - an expensive one, too in the you - know - where.

The common cold costs Americans an estimated $5 Billion annually in lost wages, sick pay and medical bills.

Proper nutrition is one of the most important preventive measures that can be taken against a cold." - in Runner's World, Iss.1, Vol.16, 1981.

"Colds Symptoms Include:

1. Blocked or runny nose.
2. Sore throat.
3. Coughing.
4. Headaches.
5. Sneezing.
6. **Loss of your senses of smell and taste.**
7. Muscle aches." - in "Colds and Flu: What you need to know", Holland & Barrett, 30 January 2019.

> *"**If you recently suffered from the flu and have not recovered your sense of smell, you aren't alone**, researchers say. **Some patients complain that they are unable to smell things or to***

taste food after a bout of influenza. *Researchers at the University of Pennsylvania and the University of Connecticut first reported the problem and have been looking into it." - John Nolan, in "Sense of Smell Can Be Victim of Bout With Flu", Los Angeles Times, 21 February 1988.*

Loss of Taste or Smell

"Observe and ***understand the possible reason for the loss of taste or smell. Some illnesses alter or inhibit the taste sensations."*** *- Barbara W. Narrow, Kay Brown Buschle in "Fundamentals of Nursing Practice", 1982.*

Corticosteroids

"Corticosteroids are a class of steroid hormones that are produced in the adrenal cortex of vertebrates, as well as the synthetic analogues of these hormones. Two main classes of corticosteroids, glucocorticoids and mineralocorticoids, are involved in a wide range of physiological processes, including stress response, immune response, and regulation of inflammation, carbohydrate metabolism, protein catabolism, blood electrolyte levels, and behaviour." - in "Wikipedia"

"Budesonide (BUD), sold under the brand name Pulmicort among others, **is a medication of the corticosteroid type**.

It is available as an inhaler, pill, nasal spray, and rectal forms.

The inhaled form is used in the long-term management of asthma and Chronic Obstructive Pulmonary Disease (COPD).

The nasal spray is used for allergic rhinitis and nasal polyps.

The pills in a delayed release form and rectal forms may

be used for inflammatory bowel disease including Crohn's disease, ulcerative colitis, and microscopic colitis.

Common side effects with the inhaled form include respiratory infections, cough, and headaches.

Common side effects with the pills include feeling tired, vomiting, and joint pains." - in "Wikipedia"

Budesonide

"**US Brand Names:** Entocort EC; Pulmicort Respules; Pulmicort Turbuhaler; Rhinocort Aqua

Canadian Brand Names: Entocort; Gen-Budesonide AQ; Pulmicort; Rhinoco, Turbuhaler

Mexican Brand Names: Aerosial; Pulmicort; Rhinoco

Therapeutic Category: Adrenal Corticosteroid

Patient Information: do not increase dosage or discontinue abruptly without consulting prescriber.

Report acute nervousness or inability to sleep; severe sneezing or nosebleed, **difficulty breathing**, sore throat hoarseness, **or bronchitis; respiratory difficulty or bronchospasms**; disturbed menstrual pattern; vision changes; **loss of taste or smell perception**; or worsening of condition or lack of improvement. **May be more susceptible to infection.**" - in "Drug information handbook", 12 Ed., 2005.

The Global Corticosteroids Market

"The Global Corticosteroids Market is expected to grow from $4.47 Billion in 2020, to $4.56 Billion in 2021. The change in growth trend is mainly due to the companies stabilizing their output after catering to the demand that grew exponentially during the COVID-19 pandemic in 2020. The market is expected to reach $5.33 Billion in 2025." *- in "Corticosteroids Global Market Report 2021: COVID 19 Implications And Growth to 2030", The Business Research Company, January 2021.*

Loss of Taste Often Accompanied by Distortion of Taste & Smell

"Annals of Medicine about idiopathic Hypogeusia, a condition that involves **loss of taste acuity, often accompanied by distortion of taste & smell.**

Tells how Dr Robert I. Henkin, MD researched the disease, discovered its source, possible causes and how to cure it when he was **Chief of the Section of Neuroendocrinology, Experimental Therapeutics Branch, of the National Institutes of Health (NIH), in Bethesda, Maryland.**

Tells about 3 cases of the disease, in particular the one of Rudy Coniglio, which Dr. Henkin gave a comprehensive work-up.

Tells how he found the symptoms to be caused by a deficiency in the supply of zinc brought to the taste buds by saliva.

Zinc relieved the symptoms of the disease." - in "Annals of Medicine, all I could do was stand in the woods", The New Yorker, 12 September 1977.

Zinc Deficiency

"Zinc deficiency affects approximately 1/3 of the population worldwide and is considered a global nutritional problem, affecting population groups in both developed and developing countries.

According to a WHO report, zinc deficiency is responsible for ~1.4% (800,000) of annual deaths.

It is also considered one of the main causes of morbidity in developing countries, and it is estimated that 500,000 women and children die per year in these countries due to zinc deficiency.

Worldwide, about 16% of lower respiratory tract infections occur due to zinc deficiency.

According to epidemiological data, most deaths from COVID-19 are concentrated in the elderly with common comorbidities such as hypertension, diabetes or obesity.

In general, this group of individuals has a higher prevalence of zinc deficiency." - in "Zinc, Vitamin D and Vitamin C: Perspectives for COVID-19 With a Focus on Physical Tissue Barrier Integrity", Frontiers in Nutrition, 7 December 2020.

"**Zinc is essential for multiple cellular functions including immunity. Many investigators have used zinc supplementation in an attempt to affect the outcome of various diseases.**

Beneficial therapeutic response of zinc supplementation has been observed in:

1. Diarrhoea of children.
2. Chronic Hepatitis C.
3. Shigellosis (Shigella bacteria infection).
4. Leprosy.
5. Tuberculosis.
6. Pneumonia.
7. Acute Lower Respiratory Tract Infection.
8. Common cold.
9. Leishmaniasis.

Zinc supplementation **was effective in decreasing incidences of infections in the elderly, in patients with Sickle Cell Disease (SCD), and decreasing incidences of Respiratory Tract Infections** in children.

Zinc supplementation has prevented blindness in 25% of the elderly individuals with dry type of AMD.

Zinc supplementation was effective in decreasing oxidative stress and generation of inflammatory cytokines such as TNF-a and IL-1b in elderly individuals and patients with SCD.

Zinc supplementation has been successfully used as a therapeutic and preventive agent for many conditions.

Zinc functions as an intracellular signal molecule for immune cells." - Dr Ananda S. Prasad, MD, in "Zinc: role in immunity, oxidative stress and chronic inflammation", Current Opinion in Clinical Nutrition and Metabolic Care, 2009.

Excess Alcohol Consumption A Factor that Contributes to Zinc Deficiency

"The observed zinc deficiency in ALD is related to multiple mechanisms at systemic, cellular, and molecular levels.

Among these causes, generation of oxidative stress during alcohol metabolism is likely a key player in mediating alcohol-induced zinc dyshomeostasis at the molecular level.

Zinc transporters and zinc-binding proteins, as the major players in zinc absorption and excretion, are sensitive to oxidative stress and impaired by alcohol, which further exacerbates zinc deficiency.

Long-term excessive alcohol consumption is a risk factor for many chronic diseases, including cancers, neuropsychiatric conditions, cardiovascular diseases, liver diseases, and pancreatitis. Among these, alcoholic liver disease (ALD) is one of the major causes of liver-related mortality worldwide. The spectrum of ALD involves three progressive stages: alcoholic steatosis (fatty liver), hepatitis, and cirrhosis. Alcoholic steatosis is the earliest manifestation of ALD, which is characterized by macrovesicular and/or microvesicular lipid droplet accumulation in the hepatocytes, and is generally reversible with abstinence. Alcoholic hepatitis encompasses changes ranging from asymptomatic derangement of biochemistries to fulminant liver failure. It is featured by inflammation and necrosis in the liver. Alcoholic cirrhosis, the most advanced form of ALD, refers to the replacement of normal liver tissue with

fibrous tissue and regenerative nodules, which may result in clinical manifestations of portal hypertension and liver failure. Alcohol-related deaths account for 48% in the United States, and 60%–80% of liver deaths in Europe." - Wei Zhong, Zhanxiang Zhou, in "Sealing the Leaky Gut Represents a Beneficial Mechanism of Zinc Intervention for Alcoholic Liver Disease", Chapter 8, Dietary Interventions in Gastrointestinal Diseases, 2019.

Vitamin D Deficiencies

"Free Vitamin D supplements will be delivered to almost 3 Million clinically vulnerable people and care home residents, in order to help protect them during the pandemic.

The stocks are to be sent out by the Government, after a review of the evidence about whether the **"sunshine vitamin" can reduce the risk of dying from Covid.**

Under current health advice, everyone in the country is told to consider taking Vitamin D, amid concerns that lockdowns have deprived many of sunshine, which is key to its production." - in "Vitamin D to be sent to three million clinically vulnerable people to help protect against Covid-19", Telegraph, 28 November 2020.

> ***"Vitamin D supplementation began with the discovery in the early 1920s that vitamin D prevented rickets and was further driven by the recognition of other potential roles of vitamin D in non-skeletal outcomes, including immune function, cardiovascular health, and cancer."*** *- in "Vitamin D and COVID-19", The Lancet Diabetes & Endocrinology, 11 January 2021.*

Vitamin D Cuts by 60% Covid Deaths of Patients in Hospital

*"**Vitamin D for patients admitted to hospital could cut Covid deaths by 60%,** double the benefit of the best current drug, new research suggests. Scientists from the University of Barcelona showed that patients prescribed calcifediol, an intensive dose of Vitamin D usually used for people with chronic kidney failure, had their risk of admission to intensive care dramatically cut and death rates significantly lowered." - in "Telegraph", 14 February 2021.*

"The Fine Gael TD said that in a study in Spain, 50 out of 76 patients admitted to hospital with Covid-19 received activated vitamin D and all were discharged without complications. Of the 26 patients in the study who did not receive vitamin D, half of them ended up critically ill in Intensive Care Unit. "In Connolly Hospital, Blanchardstown, our medics have seen first-hand that patients with low levels of vitamin D are more likely to require admission to ICU and 3 times more likely to require a ventilator." - in "Minister urged to recommend vitamin D supplements in Covid-19 strategy", The Irish Times, 15 February 2021.

The Link Between Vitamin D Status and Covid-19

"The association between lower SARS-CoV-2 positivity rates and higher circulating 25(OH)D levels remained significant in a multivariable logistic model adjusting for all included demographic factors (adjusted odds ratio 0.984 per ng/mL increment, 95% C.I. 0.983–0.986; $p<0.001$).

SARS-CoV-2 positivity is strongly and inversely associated with circulating 25(OH)D levels, a relationship

that persists across latitudes, races/ethnicities, both sexes, and age ranges.

Our findings provide impetus to explore the role of vitamin D supplementation in reducing the risk for SARS-CoV-2 infection and COVID-19 disease." - H. W. Kaufman, et. al., in "SARS-CoV-2 positivity rates associated with circulating 25-hydroxyvitamin D levels", PLOS One, September 2020.

"Our bodies do manufacture vitamin D on exposure to sunshine. To achieve a 25(OH)D blood levels of at least 30 ng/mL, the Endocrine Society Guidelines recommends infants, children and adults receive 400-1000 IUs, 600-1000 IUs and 1000-1500 IUs of vitamin D daily respectively.

The links between vitamin D status and COVID-19 emerged early in the pandemic.

In September 2020, scientists from Boston University, reported that, compared to people with sufficient levels of vitamin D (blood level 25-hydroxyvitamin D of at least 30 ng/mL), people with a vitamin D deficiency (blood level 25-hydroxyvitamin D less than 20 ng/mL) have a **54% higher SARS-CoV-2 positivity rate.**" - in "House Resolution aims to recognize vitamin D's benefits for COVID-19", NutraIngredients USA, 15 February 2021.

What Have We Learned So Far

We have leaned so far the following:

Body Condition	Name of New Disease
Flu + Lack of Zinc (Individuals with Flu, with poor levels of Zinc, and, with symptoms of "change in, or Loss of Taste, or Smell") is called	**Covid-19**
Flu + Lack of Vitamin C (Individuals with Flu, with poor levels of Vitamin C, and, with a body	**Covid-19**

in a bad metabolic state) is called	
Flu + Lack of Vitamin D (Individuals with Flu, with poor levels of Vitamin D, and, not enough exposure to sunlight) is called	**Covid-19**

Cold, Flu and Covid-19

Symptoms	Cold	Influenza (Flu)	Covid-19
Fever	Rare	Usual; lasts 3-4 days	Fever
Aches	Slight	Usual; often severe	Muscle or body aches
Chills	Uncommon	Fairly common	Chills
Fatigue, weakness	Sometimes	Usual	Fatigue
Sneezing	Common	Sometimes	Congestion
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can be severe	Shortness of breath, difficulty breathing, cough
Stuffy nose	Common	Sometimes	runny nose
Sore throat	Common	Sometimes	Sore throat
Headache	Rare	Common	Headache
New loss of taste or smell			New loss of taste or smell
Nausea or vomiting			Nausea or vomiting
Diarrhea			Diarrhea

- in "Flu Symptoms & Complications", CDC, 31 August 2020; & "Symptoms of Coronavirus", CDC, 22 December 2020.

Covid-19 is not a Disease and Definitely not a New One Either

In Ye Old England we call it Flu.

And Here is clear to see, that **this is not a disease, but the progressive symptoms of the present body condition affecting an individual, in conformity to his or her metabolic state of the body.**

Now add Flu to an individual, which has already one or more co-morbidities, he has an increased chance of getting Pneumonia, leading to Sepsis.

> *Osler wrote that,* ***in patients with pneumonia, "the toxaemia outweighs all of the other elements in the prognosis****; to it, is due in great part the terrible mortality from this common disease." - Dr W. Osler, MD, in "On certain features in the prognosis of Pneumonia", Am. J. Med. Sci., 1897.*

Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza

> *"The postmortem samples we examined from people who died of influenza during 1918-1919 uniformly exhibited severe changes indicative of bacterial pneumonia. Bacteriologic and histopathologic results from published autopsy series clearly and consistently implicated secondary bacterial pneumonia caused by common upper respiratory–tract bacteria in most influenza fatalities.* ***The majority of deaths in the 1918–1919 influenza pandemic likely resulted directly from secondary bacterial pneumonia caused by common upper respiratory–tract bacteria. Less substantial data from the subsequent 1957 and 1968 pandemics are consistent with these findings. The examination of recut lung tissue sections from 1918–1919 influenza case material revealed, in virtually all cases,***

compelling histologic evidence of severe acute bacterial pneumonia. The majority of the cases examined demonstrated asynchronous histopathological changes, in which the various stages of development of the infectious process, from early bronchiolar changes to severe bacterial parenchymal destruction, were noted in focal areas. Bacteria were commonly observed in the sections, often in massive numbers. That the causes of death included so many different bacteria, alone or in complex combinations, argues against specific virulent bacterial clones." *- David M. Morens, Jeffery K. Taubenberger,* ***Anthony S. Fauci****, in "****Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza****: Implications for Pandemic Influenza Preparedness", J Infect Dis., 1 October 2008.*

"If Osler were writing today, he too might call the toxemia of fatal H5N1 influenza a "cytokine storm." This leads us to ask, are there any connections between the toxemia Osler observed in patients with pneumonia more than a century ago and the cytokine storm observed in patients with H5N1 influenza today?. If so, do these 2 conditions share features in common with other clinical disorders?" *-David S. Fedson, in "Was Bacterial Pneumonia the Predominant Cause of Death in the 1918–1919 Influenza Pandemic?", The Journal of Infectious Diseases, 1 May 2009.*

"Typhus Fever - The special elements in the etiology of typhus are as Hirsch tersely puts it, "Die Geschichte des Typhus ist die des menschlichen Elends." ***Overcrowding, lack of cleanliness, intemperance and bad food are predisposing causes. Complications and Sequelae: Broncho-Pneumonia*** *is perhaps the most common complication. Death usually occurs toward the close of* ***the second week and is due to the Toxaemia.***

In the third week it is more commonly due to Pneumonia." *- Sir William Osler, MD, in "The Principles and Practice of Medicine", 1895.*

"Can the Flu turn into Pneumonia? Absolutely. The flu can become pneumonia. In fact, about 1/3 of all pneumonia cases in this country (USA)." *-Dr Sanjay Gupta, MD, in "Everyday Health", 8 February 2016.*

Covid-19 Versus Pneumonia

Symptoms	Covid-19 (1)	Pneumonia (2)
Fever	Fever	Fever
Aches	Muscle or body aches	Muscle pain
Chills	Chills	Chills
Fatigue, weakness	Fatigue	Fatigue
Sneezing	Congestion	Cough
Chest discomfort, cough	Shortness of breath, difficulty breathing, cough	Shortness of breath, rapid breathing, chest pain
Headache	Headache	Headache
New loss of taste or smell	New loss of taste or smell	Loss of appetite
Nausea or vomiting	Nausea or vomiting	Nausea, vomiting
Diarrhea	Diarrhea	Diarrhea

1. "Flu Symptoms & Complications", CDC, 31 August 2020.
2. "Pneumonia", John Hopkins Medicine, 17 February 2021.

Now add the **"Fear" Factor**, such as the one which both the; Media, and Certain Government, who have been waging, a relentless campaign of media terror and fear.

Thus you certainly have a "new disease":

Flu + Fear : is a fatal combination - (specially in the elderly, or those already in hospital, or asthmatics), in this individuals and in those with co-morbidities, fear combined with flu can facilitate, and may lead, to Pneumonia which then becomes Covid-19.

The Epstein-Barr Virus Farce

In the mid-1980s, the Chronic Fatigue Syndrome (CFS) became labelled "Chronic EBV" by "scientists" speculate that it might be caused by the Epstein-Barr Virus (EBV). Evidence casts doubt on the theory that EBV could be the sole agent causing Chronic Fatigue Syndrome (CFS). Elevated levels of EBV antibodies have now been found in some healthy people as well as in some people with CFS.

"Epstein-Barr Virus (EBV) is a common worldwide human **pathogen that causes Acute and Chronic Infections and Cancers.** It is intimately associated with immune-mediated diseases especially Multiple Sclerosis (MS).

EBV vaccine could prevent or reduce the severity of some, if not all, of these conditions.

Nevertheless, an EBV vaccine is not yet available for general use. The challenge is to assemble a group of individuals dedicated to its development and identify the resources needed so that EBV vaccine can be given to all those who could benefit from it." - Henry H Balfour Jr., in "Progress, prospects, and problems in Epstein-Barr virus vaccine development", Current Opinion in Virology, June 2014.

Diagnosis

"Primary Epstein-Barr Virus (EBV) infection can be diagnosed with certainty **only by utilizing the appropriate laboratory tests.** Patients with a typical infectious mononucleosis syndrome are still a diagnostic challenge because their signs and symptoms are not very sensitive or specific for EBV infection.

For example, a recent report found that the classic triad of; **Fever, Sore Throat, and Lymphadenopathy** (abnormal lymph nodes) had a sensitivity of 68.2% and a specificity of 41.9% for EBV infection." - Henry H. Balfour, Jr., et al., in "Progress and Problems in Understanding and Managing Primary Epstein-Barr Virus Infections", Clinical Microbiology Review, January 2011.

Causes of Neurotic Troubles

"Among the exciting causes of not only neurotic troubles, but of organic diseases as well, there are none, in my estimation, that take precedence over those digestive and metabolic disturbances and derangements in which the system is filled with the poisonous products of incomplete digestion, thus not only throwing upon the Emunctories, especially the kidneys, an unusual amount of work in secreting an increased quantity of the natural excretory products, but bring into contact with them abnormal elements whose toxicity is injurious to, if not destructive of, their more delicate tissues.

Another evil result of these metabolic disturbances is seen in the lowering of the alkalinity, or the "reactivity to acids", of the blood, thereby reducing the vital resistance; for there is undoubtedly a direct relationship between the blood's alkalinity and its defensive and anti-bactericidal power.

Sajous says that:

> ***"The defensive properties of the body fluids; the blood, lymph and serum, can be exercised efficiently only when their alkalinity is adequate."***

Charrin gives the blood's alkalinity first place in the immunizing processes of the body." - Dr J. T. Drake, DO in "Urinalysis in Diseases of the Alimentary System", The Journal of the American Osteopathic Association, December 1912.

Another Blow to Putative Cause Of Chronic Fatigue Syndrome

"The link between "Xenotropic murine leukemia virus-related virus" (XMRV) and Chronic Fatigue Syndrome (CFS) has sparked debate since it was first reported (Science, 23 October 2009).

Singh's analysis is the latest of several that have failed to find XMRV in CFS patients, but the first to test samples from patients involved in the original study.

As Singh and her colleagues reported 4 May in the Journal of Virology, they used several tests for XMRV, including fishing for viral sequences with the ultrasensitive PCR assay, trying to grow the virus in cell cultures, and scouring the blood for antibodies to viral proteins." - in "Science", 13 May 2011.

> *"In the 1980s, patients suffering from unexplained fatigue and what seemed like a prolonged attack of acute mononucleosis were given the diagnosis of chronic mononucleosis or chronic infection with the Epstein-Barr virus.* ***Although the diagnosis has great appeal, the Epstein-Barr virus does not cause the syndrome (CFS) of chronic fatigue, which has been renamed and redefined chronic fatigue syndrome to remove the inference that the virus is its cause.****" - Dr D. Greenberg, MD in "Neurasthenia in the 1980s", Psychosomatics, 1990.*

Mouse Virus Doesn't Cause Chronic Fatigue Syndrome

"Vincent Lombardi at the Whittemore Peterson Institute in Reno, Nevada, thought he had found the cause of the tiredness and muscle pain of Chronic Fatigue Syndrome (CFS), after discovering a mouse virus called xenotropic murine leukaemia virus-related virus (XMRV) in blood

samples from 68 of 101 people with CFS compared with just 8 of 218 samples from healthy volunteers.

Now, Jay Levy at the University of California, San Francisco, has drawn a blank when screening for XMRV in 61 people with CFS, 43 of whom had tested positive in Lombardi's study ("**No Evidence of Murine-Like Gammaretroviruses in CFS Patients Previously Identified as XMRV-Infected**, Science, 2 June 2011)." - in "NewScientist", 11 June 2011.

Viral Cause Excluded for Chronic Fatigue Syndrome

"New research suggests that Chronic Fatigue Syndrome (CFS) does not occur as a result of infection with xenotropic murine leukemia virus-related virus (XMRV) or polytropic murine leukemia virus (pMLV).

The results contradict those of previous research that implicated the 2 viruses as potential causative factors for the disorder.

"The bottom line is we found no evidence of infection with XMRV and pMLV. These results refute any correlation between these agents and disease", Ian Lipkin, study author Columbia University, New York)." - Helen Albert, in "MedwireNews", 19 September 2012.

Multiplicity of Toxic and Metabolic Factors

"Depressed mood and the psychiatric diagnosis of Major Depressive Episode (MDE) are common findings in patients with Chronic Fatigue Syndrome (CFS). CFS is an atypical manifestation of MDE; depression is the result of CFS as either an organic mood syndrome or an adjustment reaction; CFS and MDE are covariates.

Cognitive impairment and MDE: Major Depressive Episode (MDE). Complaints of alterations in cognitive functioning are frequent in the population with CFS.

Muscle metabolism and function and MDE: Abnormalities in muscle metabolism remain as one of the most persuasive arguments in favour of the existence of CFS as a bona fide discrete disease.

Depression as a Result of CFS: The depression that is characteristic of CFS may not be the cause of the syndrome but rather an effect or result of it.

Depression as an effect of CFS theoretically could occur by at least two mechanisms - as the result of an OMS or as an adjustment reaction to the disability that is associated with the syndrome.

CFS and OMS: An Organic Mood Syndrome (OMS) is a mood disturbance in which a specific organic factor can be implicated as the etiologic agent.

A multiplicity of toxic and metabolic factors has been implicated in OMS's, including medications, endocrine disorders, carcinoma of the pancreas, structural disease of the CNS. Mild cognitive impairment often occurs as an associated feature of OMS." - Abbey, Garfinkel, in "Chronic Fatigue Syndrome and Depression: Cause, Effect, or Covariate, Clinical Infectious Diseases", January 1991.

Clear Signs of Toxic Load in Chronic Fatigue Syndrome (CFS)

Symptoms of High Level of Toxicity
in the
Blood Stream
Affecting the Central Nervous System
in
Chronic Fatigue Syndrome

"An enigmatic, ill-defined malady of persisting overwhelming fatigue of sudden onset afflicts previously healthy, vigorous, productive, young or middle aged adults.

By definition, the persisting or relapsing fatigue of CFS reduces an affected person's activity level to below 50% of his/her normal activity level for a period of at least 6 months.

Complaints include:

1. Low-grade Fevers
2. Chills
3. Sore Throats
4. Painful anterior or posterior cervical or axillary Lymph Nodes
5. Muscle Weakness
6. Myalgias/ Arthralgias
7. Generalized Headaches
8. Migratory Arthralgias
9. Vague Neurocognitive Abnormalities
10. Disturbances of Sleep

Additional Symptoms of CFS:

1. Light-headedness (wooziness, non-rotational in type) of varying severity and duration without any known antecedent cause;
2. Vague, dull, pressure-like chest ache (substernal, over the left breast and sometimes including the left shoulder)

coming on with increasing fatigue at the end of the day, and not related to exertion;

3. Palpitations;

4. There is also often tachycardia with minimal or no exertion, which may persist for long periods of the day."

- A. Lerner, et al.,in "A Unified Theory of the Cause of Chronic Fatigue Syndrome", Infectious Diseases in Clinical Practice, May, 1997.

Toxaemia & Toxic Load in CFS

"**Antibodies to Diverse Microorganisms and Their Correlation with CFS**

Studies have suggested that infection with Gastrointestinal Pathogens could be related to Chronic Fatigue Syndrome (CFS) onset.

Raised serum concentrations of IgA and IgM to LPS of **Gram-Negative Enterobacteria, such as; Pseudomonas aeruginosa, Morganella morganii, Proteus mirabilis, Pseudomonas putida, Citrobacter koseri, and Klebsiella pneumoniae, in CFS patients have been reported.**

Vaccination and CFS

Several studies have been conducted intended to examine either the risk for CFS on-a set associated with vaccination or the effect of using vaccines in patients diagnosed as having CFS.

One study performed by Moraq et al. tested the likely association between specific psychological variables, raised titers of antibodies against rubella, and later onset of CFS.

They concluded that specific psychological variables could be used to predict raised levels of post-vaccination fatigue.

Regarding other vaccines, vaccination against Q fever, although safe, could provoke acute disabling disease and, in its late course, could be complicated by fatal (e.g., endocarditis) or debilitating disorders, such as CFS onset.

Another study suggested that vaccination involving aluminum containing adjuvants could trigger the cascade of immunological events, which are associated with immune-disrupting conditions, including CFS and macrophagic myofasciitis." - Ortega-Hernandez, Shoenfelda, in "Infection, Vaccination, and Autoantibodies in Chronic Fatigue Syndrome, Cause or Coincidence?", Annals of the New York Academy of Sciences, September 2009.

The Toxic Load and its Effects from Vaccination

"In 1999, Jackman and colleagues reported the successful production of a recombinant gp350 vaccine.

An Epstein-Barr Virus (EBV) vaccine containing this antigen was subsequently employed in 4 clinical trials.

A phase 1 study evaluated the safety and immunogenicity of a 3-dose regimen of vaccine containing 50 mg of gp350 given intramuscularly.

EBV antibody-negative and antibody-positive subjects 18 to 25 years of age were randomized to receive the vaccine adjuvanted with 3-O-desacyl-40-monophosphoryl lipid A and **aluminum salt known as Adjuvant System 04 (AS04) or aluminum salt alone.**

A phase 1/2 study randomized EBV-naive subjects 18 to 37 years old to receive unadjuvanted vaccine, vaccine adjuvanted with **Aluminum salt Adjuvant System 04 (AS04), or vaccine adjuvanted with aluminum salt only.**

The aggregate data from 138 subjects showed that the vaccine was safe with one notable exception: **10 days after receiving a 2nd dose of vaccine adjuvanted with AS04, an EBV antibody-positive subject was hospitalized for an apparent autoimmune reaction consisting of Meningismus and Arthritis of the knees, ankles and lower back**." - Henry H Balfour Jr., in "Progress, prospects, and problems in Epstein-Barr virus vaccine development", Current Opinion in Virology, June 2014.

Chronic Fatigue Syndrome

"The term Chronic Fatigue Syndrome was introduced in 1988 in response to reports of widespread illnesses that emerged in the United States in the mid-1980's.

Typical Symptoms of Chronic Fatigue Syndrome:

1. Severe Disabling Fatigue
2. Headache
3. Malaise
4. Short-term Memory Loss
5. Muscle Pain
6. Trouble Concentrating
7. Joint Pain
8. Depression
9. Abdominal Pain
10. And Many Others

This multiplicity of symptoms causes great problems in characterizing and diagnosing the disorder.

Bell (1995) draws an analogy with AIDS:

> *"The parallels in the history of the recognition of AIDS as a specific disease and the recognition of CFIDS are remarkable. For years physician and health care administrators said that no illness could explain fatigue, weight loss, lymph node cancer, unusual parasitic pneumonias, and the purple spots of Kaposi's sarcoma. Because patients with AIDS were dying, it was finally and somewhat reluctantly agreed that this constellation of unusual symptoms and events was not psychosomatic. And with the discovery of the HIV virus, a theory could be put forward that explained these findings."*

Disease Characterization

Before causal inference can get underway, there needs to be a disease to be explained. This is problematic, however, in cases such as AIDS and chronic fatigue syndrome, in which many different symptoms are involved.

Historically, it has not been easy to demarcate symptoms, syndromes, and diseases.

AIDS was initially identified as a syndrome but has been recognized as a disease since the causal factor HIV was identified as common to all cases.

Chronic fatigue syndrome will likely remain just that - a syndrome - until the causes and mechanisms are better understood." - Paul Thagard, in "How Scientists Explain Disease", 1999.

The Gut-Brain Axis Could be Involved

> *"**Evidence has shown that SARS-CoV-2 may affect directly Central Nervous System.** CNS disturbances could also result from the immune response to SARS-CoV-2 or as the consequence of the virus **effects on the Gastrointestinal Tract, thus both the brain-immune and the Gut-Brain Axis could be involved."** - Jaouad Bouayed, Torsten Bohn in "Journal of Medical Virology, 2021.*

If an individual is in a state of intoxication, it is obvious that the Central Nervous System is going to be affected.

The Issyk-Kul Virus Farce

"The Issyk-Kul virus (etiological agent of the Issyk-Kul fever) was originally isolated from bats (Nyctalus noctula Schreber, 1774 (Chiroptera: Vespertilionidae)) and their parasites ticks (Argas (Carios) vespertilionis Latreille, 1796 (Parasitiformes: Argasidae)) in Kirghizia. Sporadic cases and epidemics of the Issyk-Kul fever are observed in Central Asia since 1979.

The ISKV genome was de novo sequenced using the next-generation sequencing technology.

According to the molecular-genetic and phylogenetic analysis, the ISKV is a member of a novel group in the genus Nairovirus (Bunyaviridae).

Based on the data obtained, molecular-genetic methods can be used for ISKV detection (Polymerase Chain Reaction PCR) for the Issyk-Kul fever monitoring and diagnosis in the endemic areas."- S. V. Al'khovskiĭ, D. K. L'vov, et al., in "The taxonomy of the Issyk-Kul virus (ISKV, Bunyaviridae, Nairovirus), the etiologic agent of the Issyk-Kul fever isolated from bats (Vespertilionidae) and ticks Argas (Carios) vespertilionis (Latreille, 1796)", Vopr. Virusol., Sep-Oct 2013.

"The forecast of the existence of natural foci of viruses transmitted by Ixodid and Argasid ticks and mosquitoes (Lvov 1969; 1972; 1978d; 1983a,b; Lvov, Lebedev 1974; Lvov et al., 1967) and midges (Lvov 1982) **was worked out with the aid of mathematical models on the basis of our ideas of the ecology and the peculiarities of circulation of various ecological groups of arboviruses in different climatic zones of the world.**

By 1974, Dhori, Baku, Zaliv Terpeniya, Tahyna and Uukuniemi viruses brought the number of viruses isolated in the USSR up to 17 (Lvov, Lebedev, 1974).

Ten years after the study started the number of viruses isolated had reached 37 and by 1984 it was 44.

If 27 influenza A viruses and 2 paramyxoviruses isolated from natural sources are included with those recovered from

arthropods, the total number of viruses isolated from natural foci of infections reached **73 by the end of 1984.**

Every year the number increases." - D. K. Lvov, in "Sov. Med. Rev. Virol.", Vol. 1, 1987.

The Genome Announcement

"Issyk-Kul virus (ISKV)

Clinical symptoms include:

1. Fever (39 to 41°C).
2. Headache
3. Myalgia
4. Nausea.

Fatal outcomes are uncommon, although convalescence may take up to 6 weeks.

ISKV is likely to have a reservoir in both bats and ticks, with **transmission to humans being associated with tick bites, exposure to bat urine/feces, or a possible involvement of mites.**

The virus was tentatively assigned to the Bunyaviridae family based on electron microscopy; **however, to date, no confirmatory data have been published in English**." - in "Complete Genomic Sequence of Issyk-Kul Virus", Genome Announc., Jul-Aug 2015.

The Elusive 100% Virus Replication is Never Achieved

"The sequence data for ISKV described here align with independent ISKV virus genome data published during our investigations (GenBank accession numbers KF892055 to KF892057), with only 5 point mutations across all 3 segments." - in "Complete Genomic Sequence of Issyk-Kul Virus", Genome Announc., Jul-Aug 2015.

The Story of the PCR Test

"Polymerase Chain Reaction (PCR) DNA amplification, was invented in 1983 by the American biochemist Kary Mullis at Cetus Corporation.

Its inventor received the Nobel Prize in 1993, the only one awarded for research performed at a biotechnology company.

After a major funding crisis at Cetus, the company sold the patent rights of the PCR process to the giant Swiss pharmaceutical company F. Hoffmann-La Roche AG.

In March 2020, the Roche Diagnostics division reached a significant milestone with the FDA-approval of its high-volume Sars-CoV-2 diagnostic test, capable of analyzing 1,400-8,800 samples within 24h on the proprietary cobas 6800/8800 molecular testing system. In May 2020 the company announced it had acquired US-based Stratos Genomics for an undisclosed amount. In September 2020 the business acquired Ireland-based Inflazome, for €380 million, gaining control of its NLRP3 inflammasome inhibitors." - in "Wikipedia"

What Is PCR?

"Sometimes called **"molecular photocopying"**, the Polymerase Chain Reaction (PCR) is a fast and inexpensive technique used to "amplify" - copy - small segments of DNA. Because significant amounts of a sample of DNA are necessary for molecular and **genetic analyses, studies of isolated pieces of DNA are nearly impossible without PCR amplification.**

Often heralded as one of the most important scientific advances in molecular biology, PCR revolutionized the study of DNA to such an extent that its creator, **Kary B. Mullis, was awarded the Nobel Prize for Chemistry in 1993.**

What is PCR used for?

Once amplified, the DNA produced by PCR can be used in many different laboratory procedures. PCR is also valuable in a number of laboratory and clinical techniques, including DNA fingerprinting, detection of bacteria or viruses (**particularly AIDS)**, **and diagnosis of genetic disorders**." - in "Polymerase Chain Reaction (PCR) Fact Sheet", NIH, 16 June 2015.

The PCR Test Farce

"**If they could find this "virus in you at all".**

And with Polymerase Chain Reaction (PCR) if you do it well, you can find almost anything, in anybody.

It starts making you believe in the sort of notion that everything is contained, and everything else.

Right, I mean, because **if you can model, amplify one single molecule, up to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have, at least, one single one of them in your body.**

So that could be thought of as a misuse of it, just to claim that it's meaningful." - Kary B. Mullis, Inventor of the Polymerase Chain Reaction (PCR) Test, in Video, 1997.

It's Just Dead Nucleotides Period

"If you get a cycle threshold of 35 or more, the chances of it being replication competent are minuscule. *You almost never can culture virus from a 37 threshold cycle, so I think if somebody does come in with 37, 38 even 36 you got to say you know,* ***it's just dead nucleotides period."*** *- Dr Anthony Fauci, MD, NIAID, July 2020.*

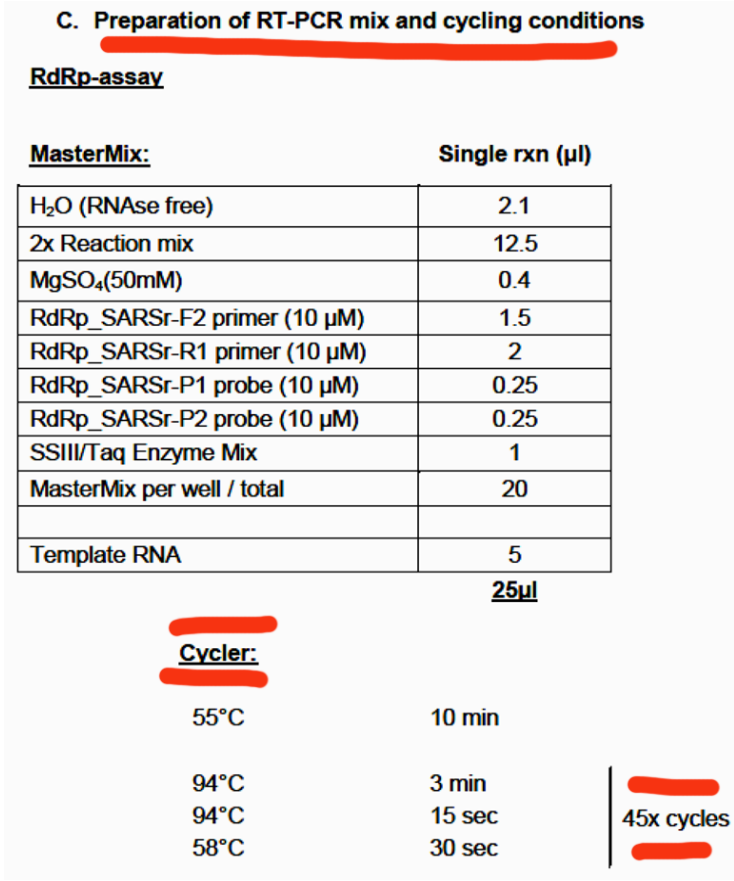
"Standard tests diagnose large numbers of people carrying

insignificant amounts of virus.
A cycle threshold >35 is too sensitive.
A more reasonable cutoff is Ct 30-35 or even Ct <30.
In NY state lab, 50% of recent positives had Ct >35.
In MA, 85-90% of positives in July had Ct >30.
Cycle threshold is never included in the results sent to clinicians. For outbreak tracing, cheap and abundant rapid tests are needed, even if less sensitive." *- Dr Marie L. Landry, MD, Director, Clinical Virology Laboratory, Yale New Haven Hospital, in "Your Coronavirus Test is Positive. Maybe It Shouldn't Be", New York Times, 29 August 2020.*

"In an article published in Clinical Infectious Diseases, Bullard et al reported that patients could not be contagious **with Ct >25 as the virus is not detected in culture above this value.**

At Ct=35, the value we used to report a positive result for PCR, <3% of cultures are positive (the probability of a person receiving a false positive is 97% or higher)." - in "Correlation Between 3790 Quantitative Polymerase Chain Reaction", Clinical Infectious Diseases, 28 September 2020.

Guidance and Standard Operating Procedure COVID-19 Virus Testing in NHS Laboratories



C. Preparation of RT-PCR mix and cycling conditions

RdRp-assay

MasterMix:	**Single rxn (µl)**
H_2O (RNAse free)	2.1
2x Reaction mix	12.5
$MgSO_4$(50mM)	0.4
RdRp_SARSr-F2 primer (10 µM)	1.5
RdRp_SARSr-R1 primer (10 µM)	2
RdRp_SARSr-P1 probe (10 µM)	0.25
RdRp_SARSr-P2 probe (10 µM)	0.25
SSIII/Taq Enzyme Mix	1
MasterMix per well / total	20
Template RNA	5
	25µl

Cycler:

55°C	10 min	
94°C	3 min	45x cycles
94°C	15 sec	
58°C	30 sec	

- in "Publications approval reference: 001559", Version 1.0 VIRUS TESTING, NHS England, 16 March 2020.

PCR Test to Detect SARS-CoV-2 Reveals 10 Major Scientific Flaws at the Molecular and Methodological Level

"In the publication entitled "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV (now known as SARS-CoV-2), which they claim to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings.

This paper will show 10 serious flaws in the Corman-Drosten paper, the significance of which has led to worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19.

We are confronted with stringent lockdowns which have destroyed many people's lives and livelihoods, limited access to education and these imposed restrictions by governments around the world are a direct attack on people's basic rights and their personal freedoms, resulting in collateral damage for entire economies on a global scale." - in "External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results", 27 November 2020.

Test Pandemic
Here We Go Again

"The £500 Covid cashpoint: Minister eyes "astonishing" plan to give Everyone who tests positive for virus a one-off payment to ***"encourage more swabs"****... at cost of £453 Million a week. According to The Guardian, plans for the new support payments were drawn up by Health Secretary Matt Hancock's advisers." - in "The Daily Mail", 21 January 2021.*

The PCR Tests House of Cards

"The thing I want to talk to you about today, mainly, is these PCR Test, Polymerase Chain Reaction Tests.

Because, if we take these Polymerase Chain Reaction Tests, these cases, these asymptomatic people, if we take this out of the equation there's actually very little to see in this pandemic.

Yes, people are dying, as they do every year.

Yes, the hospitals are busy, as they have been every year for decades, and believe me I have worked through a lot of it. There is nothing unusual going on.

If we take this measurement, which measures not illness, nor the ability to transmit illness to somebody else.

But simply; it's a biochemical process, which seems to me, to be used by governments in order to drive a narrative.

To drive people into fear, to make people believe that they are the problem, that they are the biohazards, and that they are toxic to their fellow human beings.

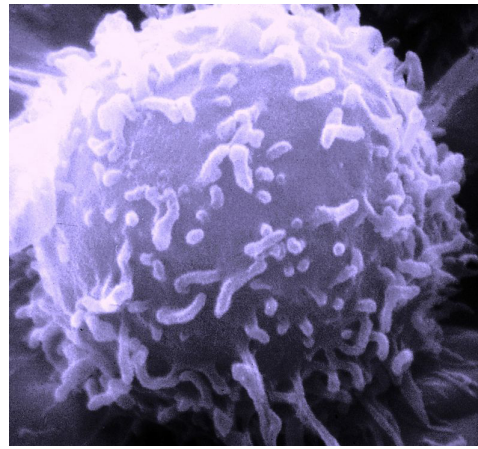
If you take the PCR Test out of this equation, the whole house of cards falls down." - Dr Anne McCloskey, MD in "PCR Tests", Youtube, 3 February 2021.

Medical Trade Virus Theory
Science Fiction to Science Farce

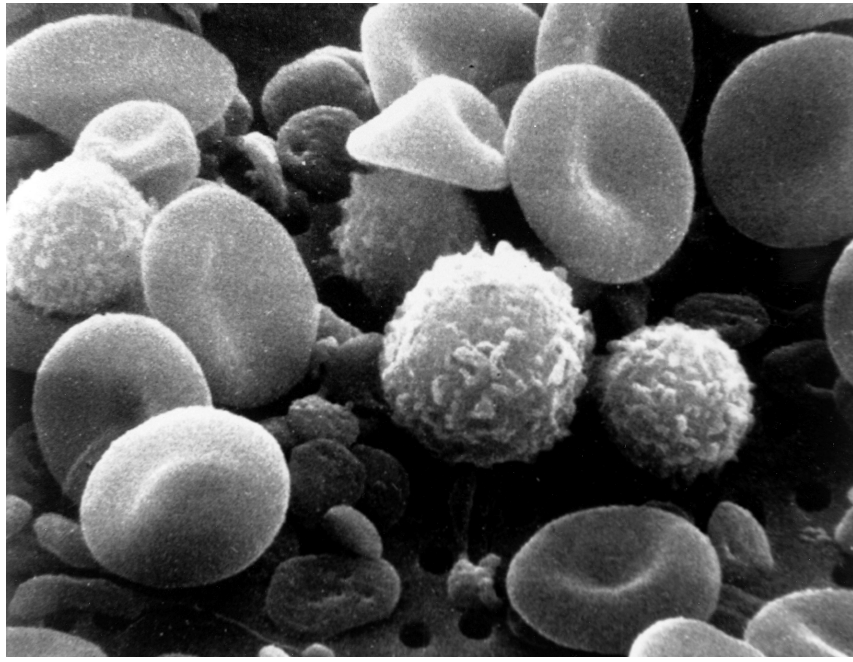
Medical Trade is well known to be **"at best dubious, and at worst fraudulent"**.

> *"It is **at best dubious and at worst fraudulent** to attempt to define "subgroups" of patients in trials who have responded particularly well or particularly badly to a treatment - unless there was a pre - specified hypothesis about this. There are substantial risks of exaggerated claims of treatment effects arising from post-hoc emphases across multiple analyses. Subgroup analyses are particularly prone to over-interpretation, and one is tempted to suggest "don't do it" (or at least **"don't believe it"**)." - Susan Assmann, Laura Enos, Linda Kasten, in "Subgroup analysis and other (mis)uses of baseline data in clinical trials", 2000.*

> *"First use in the computer context by David Gerrold in his 1972 book "When HARLIE Was One", contains one of **the first fictional representations of a computer virus** (preceded by Gregory Benford in 1970), and one of the first uses of the term "virus" to describe a program that infects another computer." - in "Virus", Wikipedia, 2021.*



"Electron microscopic image of a single human lymphocyte", in Wikipedia



"A scanning electron microscope image of normal circulating human blood showing red blood cells, several types of white blood cells including lymphocytes, a monocyte, a neutrophil and many small disc-shaped platelets." - in Wikipedia

Observe the so-called "viruses", and look at the cells, and compare them with other cells that come in contact with Bacterial Metabolic Waste.

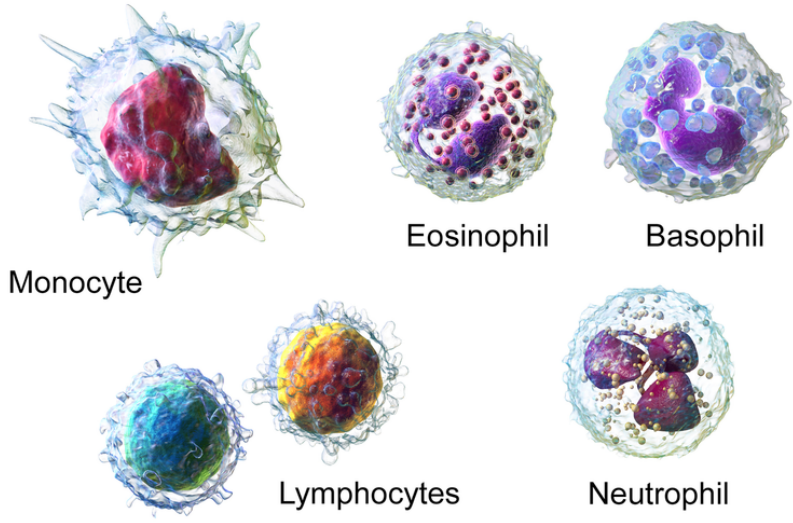
It is of the utmost importance to understand that the body microbiome is greater than the amount of body cells.

> *"A "reference man" (one who is 70 kilograms, 20–30 years old and 1.7 metres tall) contains on average about 30 Trillion Human Cells, and **39 Trillion Bacteria**" - Ron Milo, Ron Sender, Weizmann Institute of Science, Rehovot, Israel, in "Nature", 8 January 2016.*

Knowing this, you can understand that per each human cell there is 1 or more bacteria.

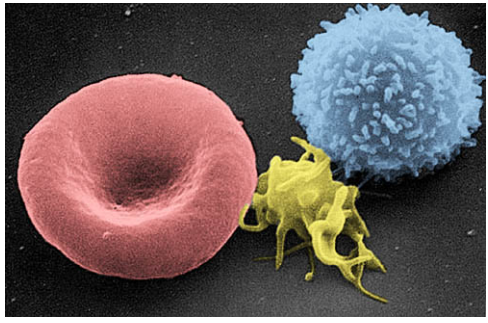
The waste from the metabolism of all these bacteria will inevitably have to come in contact with the cells of the body and those of the blood stream.

And even more so if there is an overgrowth of bacteria due to a state of toxaemia in the body, triggered either by factors such as constipation or bad dietary habits, such as heavily processed foods, and or, fried foods.

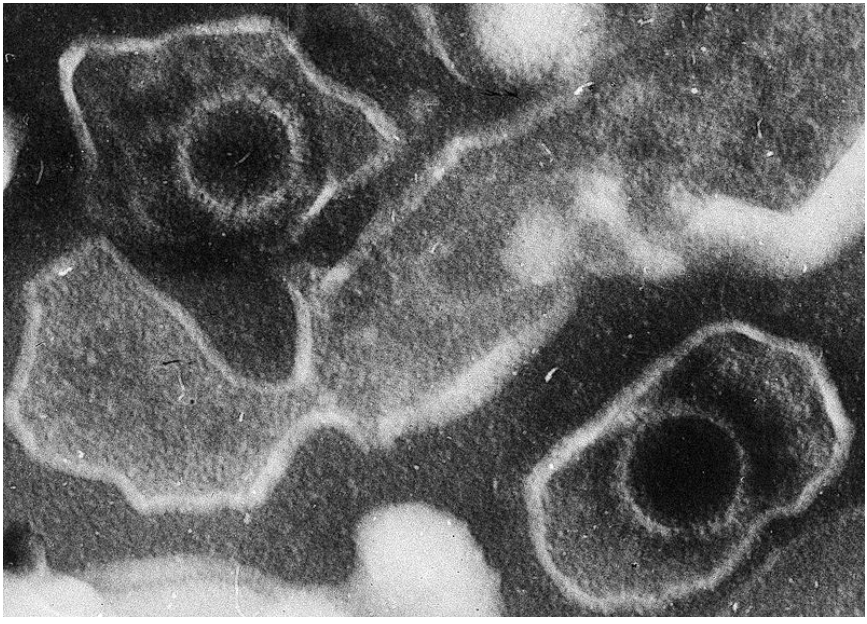


White Blood Cells

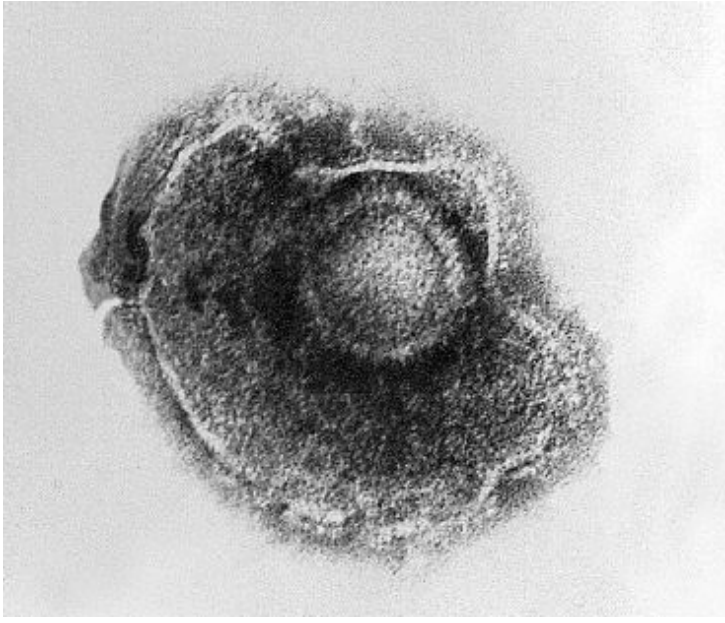
"3D rendering of various types of white blood cells" - in Wikipedia



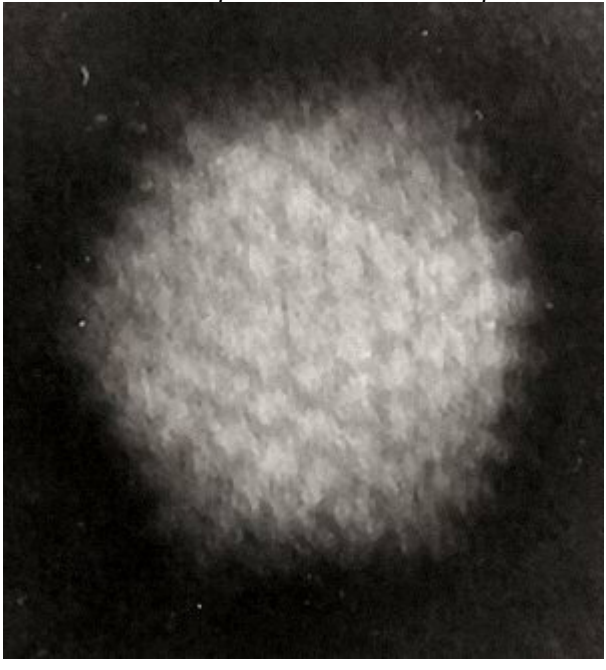
"Scanning electron micrograph: Red Blood Cell, Platelet, T lymphocyte" - in Wikipedia



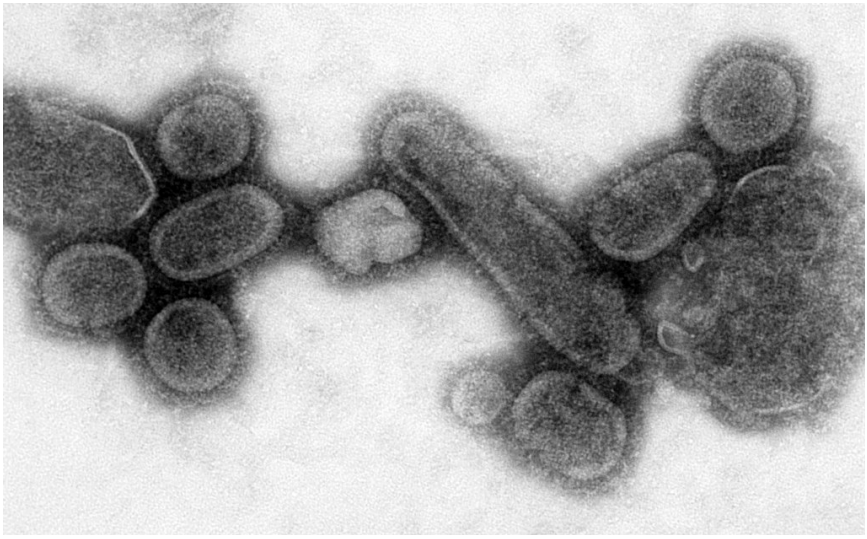
"Electron micrograph of 2 Epstein–Barr virions (viral particles) showing round capsids loosely surrounded by the membrane envelope" - in Wikipedia



"Chickenpox Virus" - in Wikipedia



"Electron micrograph of Adenovirus" - in Wikipedia



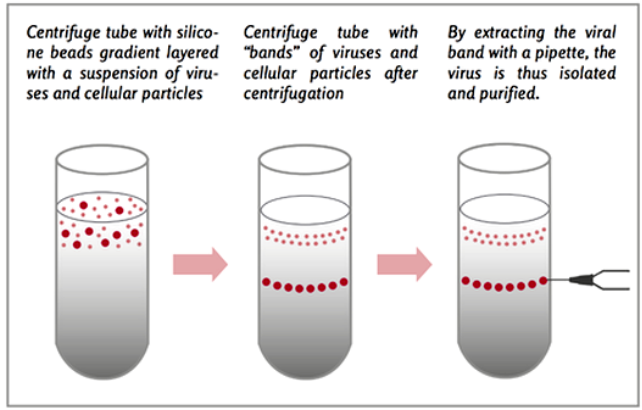
"Electron micrograph (TEM) showed recreated 1918 influenza virions that were collected from the supernatant of a 1918-infected Madin-Darby Canine Kidney (MDCK) cell culture 18 hours after infection. In order to sequester these virions, ***the MDCK cells were spun down (centrifugation)****, and the 1918 virus present in the fluid was immediately fixed for negative staining."*
- in Wikipedia

In other words:

When you pick up a few cells, or bacteria, and then you place them in a laboratory tube, to centrifuge them, any cell or bacteria will become disfigure.

The density gradient centrifugation is the scientifically required standard technique for the demonstration of the existence of a virus.

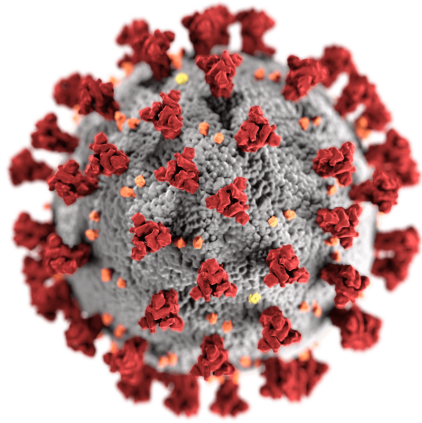
Despite the fact that this method is described in all microbiology manuals as the "virus isolation technique", it is never applied in experiments meant to demonstrate the existence of pathogenic viruses.


Centrifuge tube with silicone beads gradient layered with a suspension of viruses and cellular particles
Centrifuge tube with "bands" of viruses and cellular particles after centrifugation
By extracting the viral band with a pipette, the virus is thus isolated and purified.

Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory", WissenschafftPlus, 2015.

Centrifugation: How Convenient, Finding Particles Better Than Finding Viruses

"Traditional viral culture has been generally superseded by shell vial culture, in which the sample is centrifuged onto a single layer of cells and viral growth is measured by antigen detection methods. This greatly reduces the time to detection for slow growing viruses such as cytomegalovirus, for which the method was developed. In addition, the centrifugation step in shell vial culture enhances the sensitivity of this method because after centrifugation, the viral particles of the sample are in close proximity to the cells." *- in "Wikipedia", 8 April 2021.*



A Science Fiction Computer Generated image, now world famous supposedly representing; "Covid-19".

What is shown is a graphic. This is the best the Medical Trade can come up with, the depiction of a uni-cell (1-cell).

Which this membrane is either; in this natural form, or appearance, or it has been shaken by centrifugation, and it starts to disintegrate, or its outer membrane is having an actual natural reaction, as if when some one comes into contact with a chemical upon his skin, it starts a process of abrasion.

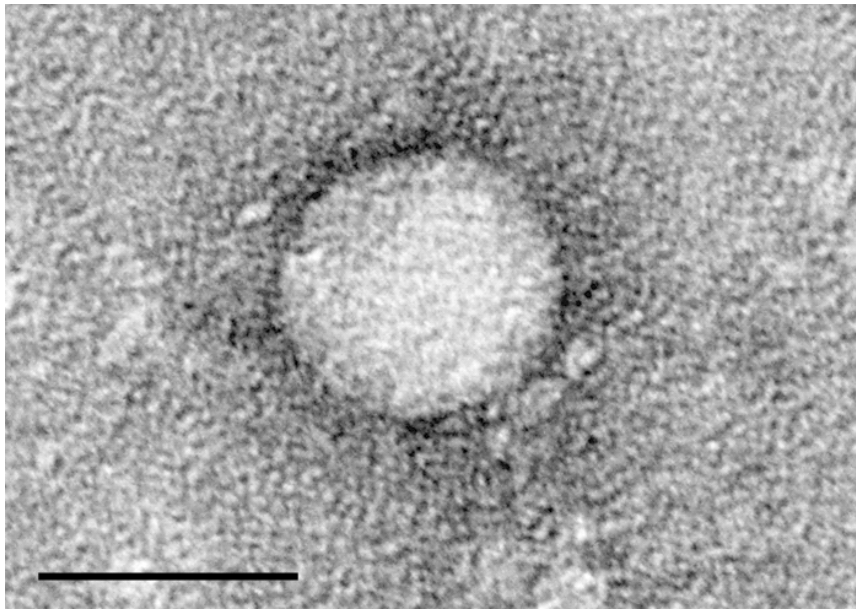
But the Medical Trade Science have just claimed that:

> ***"Viruses are not classified as cells and therefore are neither unicellular nor multicellular organisms."*** *- in "What is a Cell?", Science Primer, Purdue University Cytometry Laboratories, 2020.*

So why is the Medical Trade showing us a uni-cell (1 cell).

For sure if viruses exist, (and they might be billions of them around, we never know, do we?), then it should be "easy peasy", to show the world not 10, but only 1, yes just 1 virus (we make it easy for the medical trade to come up with 1 virus).

The Hepatitis Virus Farce



*"Electron micrographs of **hepatitis C virus** "purified" from cell culture. Scale bar is 50 nanometers. Courtesy of the Center for the Study of Hepatitis C, **The Rockefeller University.**" - in "Positive-strand RNA virus", Wikipedia*

1980 - Where Is the Hepatitis C Virus?

"Non-A, non-B hepatitis is apparently caused by one or more viruses, but getting a handle on them has proved exceptionally difficult. The results of the tests are very controversial. Many investigators argue that their own test is specific for the virus and
that the other tests are nonspecific, detecting autoantibodies or other liver components. And so the race to find a test for NANB hepatitis continues." *- in **"Where Is the Hepatitis C Virus?"**, Science, 28 November 1980.*

2001 - Still No Hepatitis C Virus

"Where is the Hepatitis C Virus? Has anybody seen it?" *- Michael Houghton, in "8th International HCV Congress", Paris, 2001.*

"Hepatitis C: Toxins such as alcohol, heroin and medical drugs, suffice as explanation." *- Dr Claus Köhnlein, MD, Dr Samantha Bailey, MD, in "Virus Mania", 2020.*

Looking to find the "holy grail", Also Known As, a Medical Trade "virus".

We looked in the mighty all knowing Wikipedia, under the entry of "Positive-strand RNA virus", and alas what we find is another image, another representation of a so-called "virus", which is nothing more than what is clearly showing another cell, a uni-cell (1-cell).

Again we where trying to see the "virus" and the only thing that the Medical Trade is showing us is a uni-cell (1 cell).

Sequences of the So-called SARS-COV-2 Are Found Both in Humans and Microbes

"Let's see in detail the procedure taking as an example the initiators of the French protocol. Once on the BLAST website (https://blast.ncbi.nlm.nih.gov/Blast.cgi), we chose Microbes to search the microbial genome databases and moved to the next page. Then a form appeared in which we entered the sequence of the forward initiator of the French protocol; that is **ATGAGCTTAGTCCTGTTG**, we selected the option Highly similar sequences and pressed the BLAST key.

Just a few seconds later the results appeared - we took a screenshot, and we were shown **100 sequences of microbes, particularly bacteria and archaea, with a coincidence of between 77% and 100% with an identity percentage of 100%.**

We then returned to the home page and that second time, we chose Human to search the human genome, we repeated the same operation and after a few seconds the result appeared which we screen captured again.

And it turns out that the sequence entered coincides with 74 sequences of the human genome, with a coincidence of between 66% and 100%, and a percentage of identity of 100%.

The sequence of that initial PCR primer, that is supposed to be specific to SARS-CoV-2, actually corresponds to 74 fragments of the human genome and a hundred microbial fragments as well." - in "'Frauds and Falsehoods in the Medical Field", Discovery Salud, No.242, 8 November 2020.

Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2 Institut Pasteur, Paris

Primers and probes

Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		
nCoV_IP2-12696bProbe(+)	AGATGTCTTGTGCTGCCGGTA [5']Hex [3']BHQ-1	21		
RdRp gene / nCoV_IP4				
nCoV_IP4-14059Fw	GGTAACTGGTATGATTTCG	19	107 bp	1
nCoV_IP4-14146Rv	CTGGTCAAGGTTAATATAGG	20		
nCoV_IP4-14084Probe(+)	TCATACAAACCACGCCAGG [5']Fam [3']BHQ-1	19		
E gene / E_Sarbeco				
E_Sarbeco_F1	ACAGGTACGTTAATAGTTAATAGCGT	18	125 bp	2
E_Sarbeco_R2	ATATTGCAGCAGTACGCACACA	20		
E_Sarbeco_P1	ACACTAGCCATCCTTACTGCGCTTCG [5']Fam [3']BHQ-1	20		

1/ National Reference Center for Respiratory Viruses, Institut Pasteur, Paris.
2/ Corman et al. Eurosurveillance[1]

USA

29 February 2020
"Covid-19 Virus" Arrives In The USA

"29 February 2020: 1st death reported in United States.
17 March 2020: Coronavirus now present in all 50 states.
20 March 2020: New York City declared US outbreak epicenter.
New York City state reports that more than 15,000 people have tested positive for COVID-19 and account for roughly half of the infections in the country." - in "Timeline: How coronavirus got started", ABC News, 22 September 2020.

Toronto Public Health

"Individuals who have died with COVID-19, but not as a result of COVID-19 are included in the case counts for COVID-19 deaths in Toronto." *- @TOPublicHealth, in "Twitter", Toronto Public Health, 4:27 PM, 24 June 2020.*

Europe

1 December 2020
No Quantified Virus Isolates of the 2019-nCoV Available For CDC

"The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies.

Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer

(RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) **to mimic clinical specimen.**" - in "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel", Revision 6, CDC, DDID, NCIRD, Division of Viral Diseases, 1 December 2020.

17 March 2020
All Countries within Europe Had Confirmed case of COVID-19

"As of 17 March 2020, all countries within Europe had a confirmed case of COVID-19, with Montenegro being the last European country to report at least one case. At least one death has been reported in all European countries, apart from the Vatican City. As of 18 March 2020, more than 250 million people were in lockdown in Europe." - in "Wikipedia

"Nevertheless **it is difficult to link scientific publications to specific CE-marked devices as the latter do not disclose the RNA sequences detected by the test.**

Detection of Viral Status

RT-PCR

A) Evaluation of evidence

The most crucial information concerning RT-PCR based methods developed for the detection of SARS-CoV-2 are the sequences of the oligonucleotides (primers and probe) used for the amplification of the cDNA.

That information allows to establish a RT-PCR based method, as it targets a precise sequence in the genome of the virus.

It is important to note that, except for a few cases, no information on the actual sequences of the primers and probes in the device could be found.

Literature review - general observations

ART69 (Annex 2) compared a new set of primers for the RdRp gene with **the method recommended by WHO developed at the Charité Universitätsmedizin Berlin, Germany.**

The method shows in vitro a very low limit of detection (LOD) with viral RNA transcripts (11.2 RNA copies/reaction).

All the published papers presented LAMP combined with a reverse transcription assay (RTLAMP) which had been developed for the detection of multiple respiratory RNA viruses to avoid the need for expensive technologies.

The LAMP technique is highly specific through the combined detection of 3 genes of the coronavirus.

It is claimed by manufacturers that this would possibly increase the accuracy of detection to almost 99%.

However, it is reported that the use of one of the 3 genes alone would reduce the diagnostic sensitivity or specificity of the test, causing false positive or false negative results.

The protocols suggested by WHO are currently the most recurrent ones in the literature, because some of their primer/probe sets are commercially available.

However, many of them present background noise that render the interpretation of results difficult at low viral load and a proper validation of these RT-PCR methods is recommended.

Analytical performance

Limit of detection (LOD)

The LOD can be determined by limiting dilution studies using sufficiently characterised samples and should be provided.

Since no virus isolates with a quantified amount of the SARS-CoV-2 are currently available, assays designed for detection of the SARS-CoV-2 RNA could be tested with

characterised stocks of in vitro transcribed RNA containing the target of interest of a calculated titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human cells in viral transport medium (VTM) to mimic a clinical specimen.

(Analytical) Specificity

The analytical specificity of the assay (also named inclusivity testing). **A search for significant homologies with other SARS coronaviruses, the Bat SARS-like coronavirus genome and the human genome and human microflora should be performed to evaluate and predict potential false positive RT-PCR results."** - in "Current performance of COVID-19 test methods and devices and proposed performance criteria", 16 April 2020.

New Zealand – Covid-19 Virus Isolation Freedom of Information Request

"A colleague in New Zealand and I have been submitting Freedom of Information requests to various institutions in Canada, NZ, Australia, Germany, the UK and the US, **seeking any records that describe the actual isolation of a SARS-COV-2 virus** from any diseased patient." - Christine Massey, in "UK Department of Health and Social Care has no record of "COVID-19 virus" isolation", February 2021.

Response to your request for official information
Thank you for your request under the Official Information Act 1982 (the Act) to the office of the Associate Minister of Health on 15 October 2020 for:

"All records in the possession, custody or control of the Associate Minister of Health Hon Jenny Salesa describing the isolation of a SARS-COV-2 virus, directly from a

*sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (**i.e. monkey kidney cells aka vero cells**; lung cells from a lung cancer patient).”*

This office does not hold any information pertaining to your request. For this reason, I am refusing your request under section 18(e) of the Act, as the information requested does not exist.

Under section 28(3) of the Act you have the right to ask the Ombudsman to review my decision to refuse your request.

Hon Jenny Salesa, Associate Minister of Health
20 October 2020

Australia – Covid-19 Virus Isolation Freedom of Information Request

From: FOI <FQI@health.qov au> 24 Aug 2020,12:10
Subject: Freedom of Information Request - Studies re isolation of SARS-COV-2 [SEC=UNOFFICIAL]

Dear,

I refer to your request to the Australian Government Department of Health (department) below:

*“All records in the possession, custody or control of The Department of Health describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (**i.e. monkey kidney cells aka vero cells**; lung cells from a lung cancer patient).”*

The department does not hold the documents you are seeking access to.

Kind regards,
FOI Officer

Cell Culture of SARS-CoV-2 and Electron Microscopy

"Vero/hSLAM cells (African green monkey Kidney Cells transfected to express the human signaling lymphocytic activation molecule (SLAM; also known as CDw150)1 were grown at 37°C, 5% CO2 in maintenance media consisting of 10mL Earle's minimum essential medium (EMEM), 7% fetal bovine serum (FBS) (Bovogen Biologicals, Keilor East, AUS) 2mM L-glutamine, 1 mM sodium pyruvate, 1500mg/L sodium bicarbonate, 15 mM HEPES and 0.4mg/ml geneticin to 95% confluency in 25cm2 flasks.

For reverse transcription, 4 μL RNA and 1μL SISPA primer A (5' – **GTTTCCCACTGGAGGATA** - N9–3', 40 pmol/μL) were combined and incubated for 5min at 65°C and then cooled to 4°C for 5min.

Amplification of cDNA was performed using 5μL reaction mixture as input to a 50μL AccuTaq LA (Sigma-Aldrich, St. Louis, MO, USA) reaction mixture with 5μL AccuTaq LA 10x Buffer, 2.5μL 10mM dNTP mix, 1μL DMSO, 0.5μL AccuTaq LA DNA polymerase, 35μL nuclease-free water and 1 μL SISPA primer B (5' – **GTTTCCCACTGGAGGATA – 3**'), with PCR cycling conditions of 98°C for **30s, 30 cycles** of 94°C for 15s, 50°C for 20s, and 68°C for 2min, followed by 68°C for 10min.

Amplified cDNA purified using AMPure XP beads (Beckman Coulter, Brea, CA) at a 1:1 ratio (ie, 50μL beads to 50μL reaction volume) and eluted in 48μL nuclease-free water.

cDNA was quantified using a Qubit high-sensitivity double-stranded DNA (dsDNA) kit (Thermo Fisher

Scientific, Waltham, MA, USA), **according to manufacturers' instructions.**" - in "Appendix to: Caly L, Druce J, Roberts J, et al. Isolation and rapid sharing of the 2019 novel coronavirus (SAR-CoV-2) from the first patient diagnosed with COVID-19 in Australia", Medical Journal of Australia, 27 March 2020.

Ireland - Covid-19 Virus Isolation Freedom of Information Request

Dear,

I refer to the request, which you submitted under the Freedom of Information Act 2014 to the Health Service

Executive for access to the following information:

"How many amplification cycles are being used in the PCR testing approved/implemented by HSE Have the number of cycles been constant throughout the testing period (Mar'20 - present)
If the number of amplification cycles varies among providers, can you give a breakdown of test provider, no of tests carried out, and number of amplification cycles used."

In general, the majority of PCR assays runs for between 40 & 45 amplification cycles. However, for commercial assays, the number of cycles required Is determined by the manufacturer. All HSE laboratories are using the commercial PCR assays in accordance with tire manufacturers instructions.

As a result the number of cycles will vary during the period referred to.

This Information Is not compiled centrally. In line with CE-IVD legislation, laboratories utilise diagnostic reagents in line with the manufacturers instructions.

Office of the Chief Executive Officer
Health Service Executive, Dublin

Note: HSE provides all of Ireland's public health services in hospitals and communities across the country with public funds.

United Kingdom - Covid-19 Virus Isolation Freedom of Information Request

Public Health Scotland

Dear Athanasios Kandias,

I refer to your request of 9 September 2020 under the above legislation for information about:

> *"All records in the possession, custody or control of Public Health Scotland, describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells)."*

I am writing to advise you that following a search of our records, I have established that under Section 17(1) of the Freedom of Information (Scotland) Act 2002, Public Health Scotland (PHS) does not hold the information you requested.

PHS has not been involved in any studies where methods of isolation described have been performed. Such studies may have been performed in a number of Universities but PHS is not aware of any specific studies to be able to

direct you to them for more information.

Vicki Bibby
Head of Strategy, Governance and Performance
Public Health Scotland
7 October 2020

We Relied on Social Media Reports Announcing Detection of a SARS-like Virus

"The ongoing outbreak of the recently emerged novel coronavirus (2019-nCoV) poses a challenge for public health laboratories as virus isolates are unavailable while there is growing evidence that the outbreak is more widespread than initially thought.

According to the World Health Organization (WHO), the WHO China Country Office was informed of cases of pneumonia of unknown aetiology in Wuhan City, Hubei Province, on 31 December 2019.

A novel coronavirus currently termed 2019-nCoV was officially announced as the causative agent by Chinese authorities on 7 January 2020.

A viral genome sequence was released for immediate public health support via the community online resource virological.org on 10 January (Wuhan-Hu-1, GenBank accession number MN908947), followed by four other genomes deposited on 12 January in the viral sequence database curated by the Global Initiative on Sharing All Influenza Data (GISAID).

The genome sequences suggest presence of a virus closely related to the members of a viral species termed severe acute respiratory syndrome (SARS)-related CoV, a species defined by the agent of the 2002/03 outbreak of SARS in humans.

Before public release of virus sequences from cases of 2019-nCoV, we relied on social media reports announcing detection of a SARS-like virus.

We thus assumed that a SARS-related CoV is involved in

the outbreak.

We downloaded all complete and partial (if > 400 nt) SARS-related virus sequences available in GenBank by 1 January 2020." - in "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", Euro Surveillance, 23 January 2020.

How Do You Isolate A "Virus"

Question - Can you explain the process of HIV Virus isolation?

> ***"Well you isolate a virus by ah, ah, ah. Didn't Dr Gallo did that? He actually isolated it, so huh, why should I do all of this? This is all text book stuff you are at. I don't want to be your text book, I have other things to do."*** *- Professor David Baltimore, PhD, American Biologist, University Administrator, 1975 Nobel laureate in Physiology or Medicine, President Emeritus and Distinguished Professor of Biology at the California Institute of Technology, USA, in "Interview".*

> ***"I am not quite sure of what is behind your question about isolation."*** *- Dr Robin Weiss, PhD, Professor of Viral Oncology, University College London, in "Interview".*

"Many people are thinking about viruses, and so they're using terms they may not be familiar with like "isolate", "variant" and "strain".

Unfortunately, there is no universally accepted definitions for the terms "strain", "variant" and "isolate", in the virology community, and most virologists simply copy the usage of terms from others.

Most of the time we take this nasopharyngeal swab in the solution, we just do the genome sequence, and we don't actually have a physical isolate virus and that's very important." - Professor Vincent Racanello, Department of

Microbiology and Immunology at Columbia University's College of Physicians and Surgeons, author of "Principles of Virology", 2021.

Does Your Electron Micrographs Show The Purified Virus?

A letter was sent by Researcher Torsten Engelbrecht, Author of the Book "Virus Mania: Avian Flu (H5N1), Cervical Cancer (HPV), SARS, BSE, Hepatitis C, AIDS, Polio: How the Medical Industry Continually Invents Epidemics, Making Billion-D", with the question: **"Does Your Electron Micrographs Show The Purified Virus?"**, to the authors of the following Covid-19 Papers:

Paper No.1

February 2020

> ***"Novel Coronavirus from Patients with Pneumonia in China, 2019."*** *- Dr Wenjie Tan, MD, et al., China Novel Coronavirus Investigating and Research Team, NHC Key Laboratory of Biosafety,* ***National Institute for Viral Disease Control and Prevention, Chinese Center for Disease Control and Prevention (CDC China)****, Center for Biosafety Mega-Science,* ***Chinese Academy of Sciences****, in "New England Journal of Medicine", 20 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

> ***"[We show] an image of sedimented virus particles, not purified ones."*** *- Dr Wenjie Tan, MD, 18 March 2020.*

Paper No.2

February 2020

"Virus Isolation from the First Patient with SARS-CoV-2 in Korea." *- Wan Beom Park, et al., Department of Internal Medicine, Seoul National University College of Medicine;* ***Laboratory of Infection & Immunity, Seoul National University Hospital Biomedical Research Institute, Seoul, Korea****, in "Journal of Korean Medical Science", 24 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"We did not obtain an electron micrograph showing the degree of purification." *- Wan Beom Park, 19 March 2020.*

Paper No.3

February 2020

"Identification of Coronavirus Isolated from a Patient in Korea with COVID-19." *- Myung-Guk Han, et al., Division of Viral Diseases, Center for Laboratory Control of Infectious Diseases,* ***Korea Centers for Disease Control and Prevention (CDC Korea)****, Cheongju, Korea, in "Osong Public Health and Research Perspectives", February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"We could not estimate the degree of purification because ***we do not purify and concentrate the virus*** *cultured in cells." - Myung-Guk Han, 6 May 2020.*

Paper No.4

27 February 2020

"Emergence of a novel human coronavirus threatening human health." *- Malik Peiris, et al.,* ***School of Public Health, LKS Faculty of Medicine, The University of Hong Kong****, in "Nature Medicine", 27 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"The image is the virus budding from an infected cell.
It is not purified virus." *- Malik Peiris, 12 May 2020.*

Paper No.5

June 2020

"Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia" *- Jason A. Roberts, Julian Druce, et al.,* ***Victorian Infectious Diseases Reference Laboratory, Melbourne Health at the Peter Doherty Institute for Infection and Immunity****, Melbourne, Victoria, Australia, in "The Medical Journal of Australia", June 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"The nucleic acid extraction was performed on isolate material recovered from infected cells. This material was not centrifuged, so ***was not purified*** *through sucrose gradient to have a density band as such. The EM images were obtained directly from cell culture material." - Jason A. Roberts, Julian Druce, 5 October 2020.*

Victorian Infectious Diseases Reference Laboratory

"Victorian Infectious Diseases Reference Laboratory (VIDRL) is a leading Australian infectious diseases reference laboratory located in Melbourne, Victoria, has its origins in the Department of Pathology, at the specialist infectious diseases hospital Fairfield Hospital, which closed in 1996. VIDRL was formally designated as a Victorian public health reference laboratory supporting the Victorian Department of Health in 1992. After Fairfield's closure VIDRL transferred to what is now Melbourne Health, and relocated to North Melbourne in 1998. **In 2006 VIDRL took over the management of the WHO Collaborating Centre for Reference and Research on Influenza, which subsequently relocated to VIDRL's facilities in 2007.** In 2014 VIDRL relocated into the Doherty. **VIDRL provides the Victorian Department of Health with virology and Mycobacteria public health reference laboratory services, including surveillance, outbreak investigations, reference testing and research. VIDRL has national reference laboratory designations to the Commonwealth Department of Health for polio and enteroviruses, measles, viral haemorrhagic fevers and smallpox. VIDRL also has a strong commitment to international health programs through WHO now in its 47th year. VIDRL has WHO Collaborating Centre designations for Reference and Research on Influenza, Mycobacterium ulcerans, and Biosafety together with WHO Regional Reference Laboratory designations for poliovirus, measles and hepatitis B, and is a WHO National Influenza Centre.**

Funding

VIDRL's major funders are the Department of Health, Victoria and the Commonwealth Department of Health.

VIDRL depends on fee for service diagnostic testing for approximately 35% of its income." - in "History, About, Funders", VIDRL, 20 April 2021.

What Is An Isolate

"An isolate is a virus, that we have isolated from an infected host, and we have propagated that in culture. You put that sample in cells, and culture which is how we grow viruses and you grow virus and now you have an isolate." *- Professor Vincent Racanello, Department of Microbiology and Immunology at Columbia University's College of Physicians and Surgeons, author of "Principles of Virology", 2021.*

"To refer to positive results in these tests as "isolates" must be incorrect since they have not been grown and, in the case of stool viruses, often cannot be grown - nor can they be said to be free of other organisms". *- C. R. Madeley, Virologist, Department of Infectious Diseases, Ruchill Hospital, Glasgow, Scotland, in "IV International Conference on Virology",1978.*

The First New Zealand Lab To Isolate Covid-19

"Two researchers and a high-containment lab stood in the breach as the Covid-19 pandemic reached our shores. Bruce Munro talks to Otago professors James Ussher and Miguel Quinones-Mateu about their life-saving work during and after the Level 4 lockdown and asks why it is so vital New Zealand helps find a vaccine. **His team was able to grow the SARS-CoV-2 virus and isolate its RNA, its genetic material; the first New Zealand lab to do so."** - in "On the offensive: Otago Uni's fight against Covid-19", Otago Daily Times, 13 June 2020.

Official Information Act Request To Otago University

"In response to your Official Information Act request of 2 March 2021, which sought:

> ***"All studies and/or reports in the possession, custody or control of the University of Otago, describing the purification of "SARS-COV-2" said to have caused disease in humans (via maceration, filtration and ultracentrifuge also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human.*** **Where the patient sample was not first combined with any other source of genetic material."**

The university in fact holds no records which fall within the scope of your request. We decline your request pursuant to section 18(g) of the Act on the basis that the request is not held by the University." - Otago University, New Zealand, 30 March 2021.

Severe Acute Respiratory Syndrome Coronavirus 2 Isolate Wuhan-Hu-1, Complete Genome

GenBank: MN908947.3

LOCUS **MN908947** 29903 bp ss-RNA linear VRL 18-MAR-2020

DEFINITION Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome.

ACCESSION MN908947

VERSION MN908947.3

SOURCE Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

ORGANISM Severe acute respiratory syndrome coronavirus 2
Viruses; Riboviria; Orthornavirae; Pisuviricota; Pisoniviricetes; Nidovirales; Cornidovirineae; Coronaviridae; Orthocoronavirinae; Betacoronavirus; Sarbecovirus.

REFERENCE 1 (bases 1 to 29903)

AUTHORS Wu,F., Zhao,S., Yu,B., Chen,Y.M., Wang,W., Song,Z.G., Hu,Y., Tao,Z.W., Tian,J.H., Pei,Y.Y., Yuan,M.L., Zhang,Y.L., Dai,F.H., Liu,Y., Wang,Q.M., Zheng,J.J., Xu,L., Holmes,E.C. and Zhang,Y.Z.

TITLE A new coronavirus associated with human respiratory disease in China

JOURNAL Nature 579 (7798), 265-269 (2020)

PUBMED 32015508

REFERENCE 2 (bases 1 to 29903)

AUTHORS Wu,F., Zhao,S., Yu,B., Chen,Y.-M., Wang,W., Hu,Y., Song,Z.-G., Tao,Z.-W., Tian,J.-H., Pei,Y.-Y., Yuan,M.L., Zhang,Y.-L., Dai,F.-H., Liu,Y., Wang,Q.-M., Zheng,J.-J., Xu,L., Holmes,E.C. and Zhang,Y.-Z.

JOURNAL Submitted (05-JAN-2020) Shanghai Public Health Clinical Center & School of Public Health, Fudan University, Shanghai, China

COMMENT On Jan 17, 2020 this sequence version replaced MN908947.2.

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// - Professor Yong-Zhen Zhang, in " Novel 2019 coronavirus genome", Virological, January 2020.

Homo Sapiens Chromosome 8, GRCh38.p13 Primary Assembly

NCBI Reference Sequence: NC_000008.11

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  "CONSRTM   International Human Genome Sequencing
Consortium
    TITLE     Initial sequencing and analysis of the
human genome
    JOURNAL   Nature 409 (6822), 860-921 (2001)
     PUBMED   11237011
    REMARK    Erratum:[Nature 2001 Aug
2;412(6846):565]
  COMMENT     REFSEQ INFORMATION: The reference
sequence is identical to CM000670.2.
              On Feb 3, 2014 this sequence version
replaced NC_000008.10.
    Assembly Name: GRCh38.p13 Primary Assembly
    The DNA sequence is composed of genomic sequence,
primarily finished clones that were sequenced as part
of the Human Genome Project. PCR products and WGS
shotgun sequence have been added where necessary to
fill gaps or correct errors. All such additions are
manually curated by GRC staff. For more information
see: https://genomereference.org

  ##Genome-Annotation-Data-START##
  Annotation Provider  :: NCBI
  Annotation Status    :: Updated annotation
  Annotation Name      :: Homo sapiens Updated
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  Annotation Version          :: 109.20201120
  Annotation Pipeline         :: NCBI eukaryotic
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  Annotation Software Version :: 8.5
  Annotation Method :: Best-placed RefSeq; propagated
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ORIGIN  1 ctccctttgt tgtgttgt //" - in "Homo
Sapiens Chromosome 8, GRCh38.p13 Primary Assembly",
Nature, 2001.
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CTCCCTTTGT TGTGTTGT

=

CTCCCTTTGTTGTGTTGT

Please look at the Pasteur Institute Covid-19 "Virus" sequence: nCoV_IP2-12669Fw

Primers and probes

Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG ←	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		

- in "Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2, Institut Pasteur, Paris", 2020.

CSC 23485 First UK COVID-19 vaccine approved Ptizer/BioNTech

Medicines and Healthcare products Regulatory Agency (MHRA)

MHRACustomerServices@mhra.gov.uk

Our reference: CSC 23485

Dear Frances Leader,

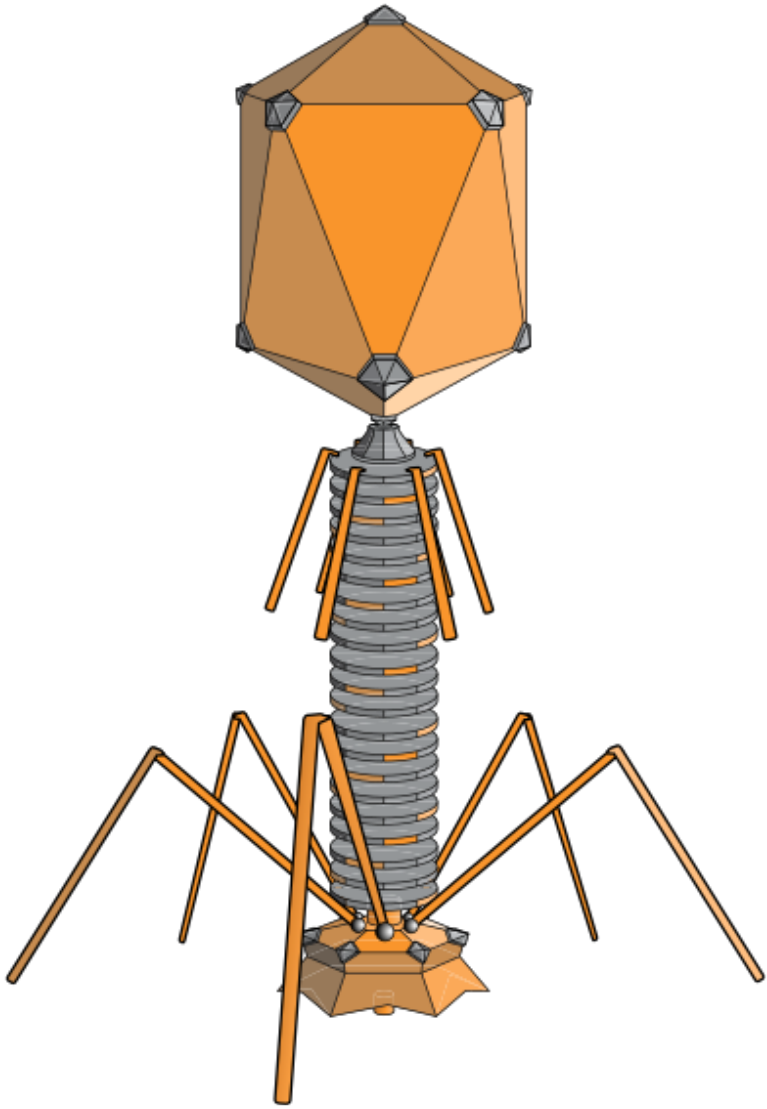
A quality target product profile for the finished product has been established taking into consideration the World Health Organization's "WHO Target Product Profiles for COVID-19 Vaccines".

The DNA template used does not come directly from an isolated virus from an infected person.

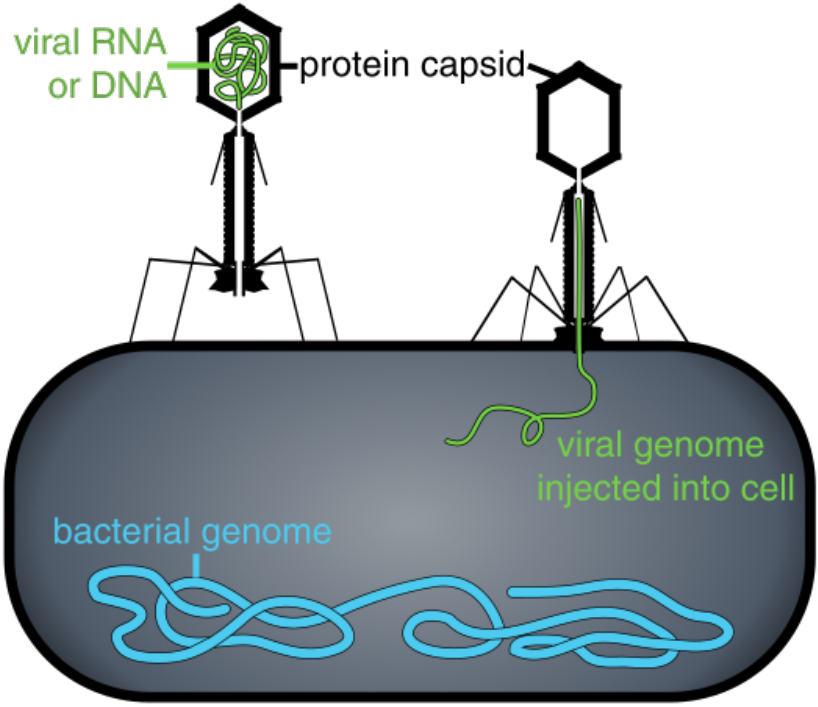
The DNA template (severe acute respiratory syndrome coronavirus 2, GenBank: MN908947.3) was generated via a combination of gene synthesis and recombinant DNA technology.

MHRA Customer Services
21 December 2020

Science Fiction to Science Farce



Science Fiction Farce:
"The structure of a typical Myovirus Bacteriophage" - in Wikipedia



The Science Fiction Farce so-called: *"Bacteriophages injecting their genomes into Bacterial Cells" - in Wikipedia*

"The "new", rather re-discovered perspective ***could only originate outside of the official "science"****: one of the reasons for this is that the people involved in scientific institutions do not fulfil their first and most important scientific duty - to permanently doubt and double-check every theory.* ***Otherwise, they would have already discovered that the misinterpretation had been taking place for a long time already and had become a dogma only by extremely unscientific activities in the years 1858, 1953 and 1954."*** *- Dr. Stefan Lanka, Biologist, in "The Misconception called Virus", WissenschafftPlus, 2020.*

The Virus Mutation Farce

"The mutations appear to occur sporadically and spontaneously. ***No links between the small number of patients infected with the mutated virus have been found and the mutation does not appear to spread.*** *Many* ***mutations do not alter any important features of the virus or the illness it causes. No evidence currently suggests that these mutations are leading to an unusual increase in the number of H1N1 infections or a greater number of severe or fatal cases.*** *" - in "Public health significance of virus mutation detected in Norway Pandemic (H1N1) 2009 briefing note 17, WHO, 20 November 2009.*

"The organism appears to be elusive in that it keeps changing its character, coming in "types" and again in "strains" within the types. Mutations were bound to occur. It changes characteristics in certain environments and keeps changing its immunological properties so that a different form can evolve. This makes it difficult to develop a specific type vaccine affecting the population." - Dr Donald A. Dahlin, DC in "Are Epidemics and Vaccinations Billion Dollar Scams?", 2010.

"The molecular mechanisms of replication and multiplication of RNA viruses are burdened by error - mutations - in their genetic code, that lead to the production of new viruses*. These are frequent events, and so a viral population from a single strain is actually composed of a cloud of variants, with diverse mutations. Among these mutations, some will confer a selective advantage to a given variant in the population: in the case of arboviruses (such as* ***dengue, chikungunya, West Nile, yellow fever). The new strain in question thus bears a stronger likelihood of causing a new epidemic.*** *In addition to identifying and characterizing these 2 new mutations in the context of the*

Indian Ocean strain of chikungunya, this work is an innovative tool to ***identify new variants with epidemic potential, well ahead of when they could be identified in nature. Such an approach could help better choose what strains to include in vaccine preparations."*** *- in "****Predicting mutations that lead to epidemics****", This study was* ***funded by the Bill et Melinda Gates Foundation****, Institut Pasteur, 12 June 2014.*

"The influenza virus mutates faster than we previously thought. Every year the World Health Organization Influenza Surveillance Network reviews staggering amounts of data to help predict which strains of influenza virus will be suitable candidates for a flu vaccine for the coming influenza season (Barr et al., 2010). This review is necessary because of the appearance in most years of new mutant strains that can bypass the immunity provided by the previous year's vaccine." *- in "Virus Evolution: A new twist in measuring mutation rates", eLife Sciences, 14 July 2017*

"What is less clear is why the mutation rates of many viruses are so high, and why there is so much variation in mutation rates among species." *- in "Complexities of Viral Mutation Rates" - in Journal of Virology", July 2018.*

"RNA viruses have high mutation rates - **up to a Million (1,000,000) times higher than their hosts**. **Their mutation rates are almost disastrously high, and a small increase in mutation rate can cause RNA viruses to go locally extinct.**

The **Fabled** mutation rates of RNA viruses appear to be partially a consequence of selection on another trait. **Many mutations cause organisms to leave fewer descendants over time**."- Siobain Duffy, in "Why are RNA Virus Mutation rates so Damn High?", PLoS Biol, 13 August 2018.

Mutate Into New Variants Forever

"Mr Speaker, policies are often easy to announce and difficult to end.

The Chief Scientific Advisor says that Covid is with us forever. It will presumably continue to mutate into new variants forever. And I listen carefully to the answer to the question, but i didn't hear it.

When is this policy (lockdowns) going to end. If ever because if the virus continues to mutate surely the risk is going to be there forever." - Mark Harper, MP for Forest of Dean, Chair of the Covid Recovery Group of Conservative MP's, in "House of Commons", UK, 9 February 2021.

> ***"The risk of the mutations, absolutely can and will be managed through the evolution of vaccines."*** *- Matt Hancock, Secretary of State for Health, in "House of Commons", UK, 9 February 2021.*

The "Viruses" Variants Farce

> ***"We have only in March 2021, in the FIOCRUZ network notified the health authorities of two variants: The N9 variant, and the N10 variant. Both are evolutions of lineage 33.*** *- Felipe Gomes Naveca, Vice-Director of Research, Fiocruz Amazônia, in "Advancing the variant of the covid-19 in Brazil worries specialists", DW Brazil, 19 April 2021.*

Brazil - Oswaldo Cruz Foundation (FIOCRUZ)

"FIOCRUZ has historically maintained a strong international presence through cooperation and exchange with health and science and technology institutions in various countries. This work is coordinated by the **Center for International Relations in Health (CRIS).**

The Foundation also maintains close relations with the international areas of the **Brazilian government**, especially the:

1. Ministry of Health, through its International Health Advisory Division (AISA), and the;
2. Ministry of Foreign Relations, through its various technical divisions and the; 3. Brazilian Cooperation Agency (ABC).

FIOCRUZ thus reaffirms its position as a strategic Brazilian national institution and an important protagonist for exchange in global health.

FIOCRUZ also enjoys recognition by the Pan American Health Organization (PAHO), and World Health Organization (WHO).

Importantly, 7 Collaborating Centers have been designated at FIOCRUZ in the PAHO/WHO international network, thereby confirming the Foundation's excellence in global health.

In France, FIOCRUZ is the only Brazilian institution that belongs to the Pasteur World Network, which maintains projects with the Alliance Nationale pour les Sciences de la Vie et la Santé (Aviesan), a French national institution that includes the Institut National de la Santé et de la Recherche Médicale (Inserm), Institut de Recherche pour le Développment (IRD), Centre National de la Recherche Scientifique (CNRS), and Institut Pasteur itself, in addition to agreements with various French universities.

Financial Support

In the United States, the main partnerships are with the National Institutes of Health (NIH), which provide financial support to various research projects at Fiocruz.

In addition, the Centers for Disease Control and Prevention (CDC) maintain partnerships with several units at FIOCRUZ, as do various American universities.

The Canadian International Development Agency (CIDA) [CIDA is a member of the Global Health Workforce Alliance, WHO], Japan (JICA), and Germany (GIZ) support tripartite projects together with Fiocruz and developing countries. With the support of the European Commission (EU), Fiocruz coordinates the EU-LAC Health Project, including a consortium of organizations from various countries (Germany, Argentina, Brazil, Costa Rica, Spain, Italy, Mexico, and Switzerland), aimed at policymaking to support cooperation in Research and Development (R&D). Fiocruz also has agreements with universities in the United Kingdom, Portugal, Spain, Australia, and Belgium, among others." - in "International relations", "International partnerships", Oswaldo Cruz Foundation (FIOCRUZ), 20 April 2021.

The Center for International Relations in Health (CRIS)

"The Centre for Health and International Relations (CHAIR) was founded (2003) in the belief that there are compelling reasons for linking international relations, foreign policy, security and health.

CHAIR is based in the Department of International Politics, Aberystwyth University, Aberystwyth, Wales.

Professor Colin McInnes

The founder and director is Professor Colin McInnes, Pro Vice Chancellor (Research, Knowledge Exchange and Innovation) at Aberystwyth University and holds a personal professorial chair in the Department of International Politics there, where **his research focuses on global health politics.**

In 2014 he was appointed by the Secretary of State for International Development as a Non-Executive Director of the UK National Commission (UKNC) for UNESCO, with special responsibility for the Social and Human Sciences, and represents the UK on UNESCO's Social and Human Sciences Commission.

Was elected Chair of the UKNC in 2019 and in this role works closely with the British government, UNESCO designations and UNESCO HQ in Paris.

He was also Chair of the British International Studies Association; a member of the ESRC's Strategic Research Board and I**nternational Advisory Committee; member of WHO's expert group on Global Health Diplomacy.**

From 2007-2018 held the UNESCO Chair in HIV/AIDS.

In 2019 he was a Consultant to the World Health Organisation (WHO), developing their framework for civil-military collaboration in health emergencies. Colin McInnes' research currently focuses on global health politics, and especially the role of militaries in health crises. He has published widely on the security implications of HIV/AIDS, on health and foreign policy, on global health security, and on global health governance.

His more recent research addressed the use of social media during health crises, and the nature of risk in global health. He is the co-editor of the "Oxford Handbook on Global Health Politics", (2020)." - in Wikipedia, 20 April 2021.

"The hypothesis being analyzed attempts to explain the cause of influenza epidemics, through only some of the changes in the biological properties of the virus, without even putting the question of the causes of these changes. This is a variant of an old Theory which has been rejected long ago, which explained the causes of epidemics by the variations in the virulence of the microbe, a Theory which attempted to reduce the complex epidemic process to a single microbial factor, a Theory in which the cause (epidemic process), is taken for the effect (variability of the virus), conception decisively as being without scientific foundation, viruses have no sexual process."
- V. M. Zhdanov, V. D. Solov'ev, F. G. Epshtein, with contributions by A. S. Gorbunova, L. L. Fadeyeva, L. Ya, Zakstel'skaya, in "The Study of Influenza", 1958.

The Virus Replication Farce

"**Holland and coworkers demonstrated long ago that the mutation rates of viral RNA polymerases cannot be increased much over wt values without massive loss of virus titers and these viruses are replicating at the edge of error threshold.**

Selection of lower fidelity mutants results in changes that are relatively minor, between 50% and approximately threefold.

Mutator strains of RNA viruses replicate faster but have lower specific infectivities.

A mutator CHIKV showed an interesting phenotype.

Although the strain did not show major replicative defects in mammalian cells, replication in mosquito cells was limited and RNA synthesis was impaired.

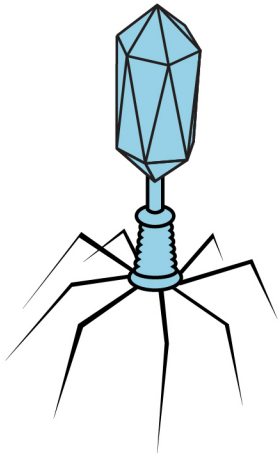
The virus was attenuated in mice **and replication was virtually eliminated in mosquitoes**.

A mutant engineered in Sindbis virus showed a similar behaviour, except that some replication took place in mosquitoes.

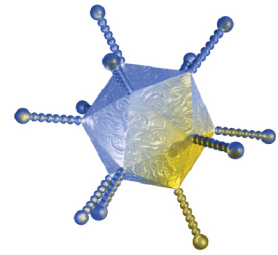
Once again, lack of defect in cell culture did not match the results in vivo, and the virus did not replicate well in fruit flies.

Many of the strains failed to spread to target organs and some were unable to establish persistent infections. Interestingly, the authors were unable to generate stable high fidelity variants." - Novella, Presloid, Taylor in "RNA replication errors and the evolution of virus pathogenicity and virulence", Current Opinion in Virology 2014.

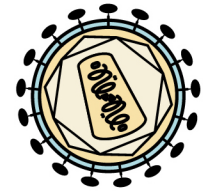
Types of "Viruses"



Bacteriophage



Adenovirus



Human Immunodeficiency Virus

"**A virus is a small collection of genetic code, either DNA or RNA, surrounded by a protein coat.**

A virus cannot replicate alone.

Viruses must infect cells and use components of the host cell to make copies of themselves.

Often, they kill the host cell in the process, and cause damage to the host organism.

Viruses have been found everywhere on Earth.

Researchers estimate that viruses outnumber bacteria by 10 to 1.

Because viruses don't have the same components as bacteria, they cannot be killed by antibiotics; only antiviral medications or vaccines can eliminate or reduce the severity of viral diseases, including AIDS, COVID-19, measles and smallpox.

Viruses are submicroscopic, which means that you cannot see them in the microscope.

What's interesting about viruses is that they have 2 or 3 components.

Starting from the inside, you will have a nucleic acid, which can be either RNA or DNA, and in both cases the nucleic acid can be either single-stranded or double-stranded.

Then surrounding the nucleic acid will be a protein coat that's in the form of capsid, or little small units that are assembled in a certain way. **That is what all viruses have.**

Viruses are very interesting in that they can only survive inside a living cell.

So they must have a living cell in order to survive and replicate.

Antibiotics are not effective against viruses, but vaccines are, as well as some antivirals." - Bettie J. Graham, PhD, in "Virus", National Human Genome Research Institute, NIH

"The word "virus" has its roots in the Latin term for "poison." Their demotion to inert chemicals came after 1935, when Wendell M. Stanley and his colleagues, at what is now the Rockefeller University in New York City, crystallized a virus - tobacco mosaic virus - for the first time.

They saw that it consisted of a package of complex biochemicals. But it lacked essential systems necessary for metabolic functions, the biochemical activity of life.

The advent of the nucleus - which differentiates eukaryotes (organisms whose cells contain a true nucleus), including humans, from prokaryotes, such as bacteria - cannot be satisfactorily explained solely by the gradual adaptation of prokaryotic cells until they became eukaryotic.

Rather the nucleus may have evolved from a persisting large DNA virus that made a permanent home within prokaryotes.

Some support for this idea comes from sequence data showing that the gene for a DNA polymerase (a DNAcopying enzyme) in the virus called T4, **which infects bacteria, is closely related to other DNA polymerase genes in both eukaryotes and the viruses that infect them**." - Luis P. Villarreal in "Are Viruses Alive?", Scientific American, December 2004.

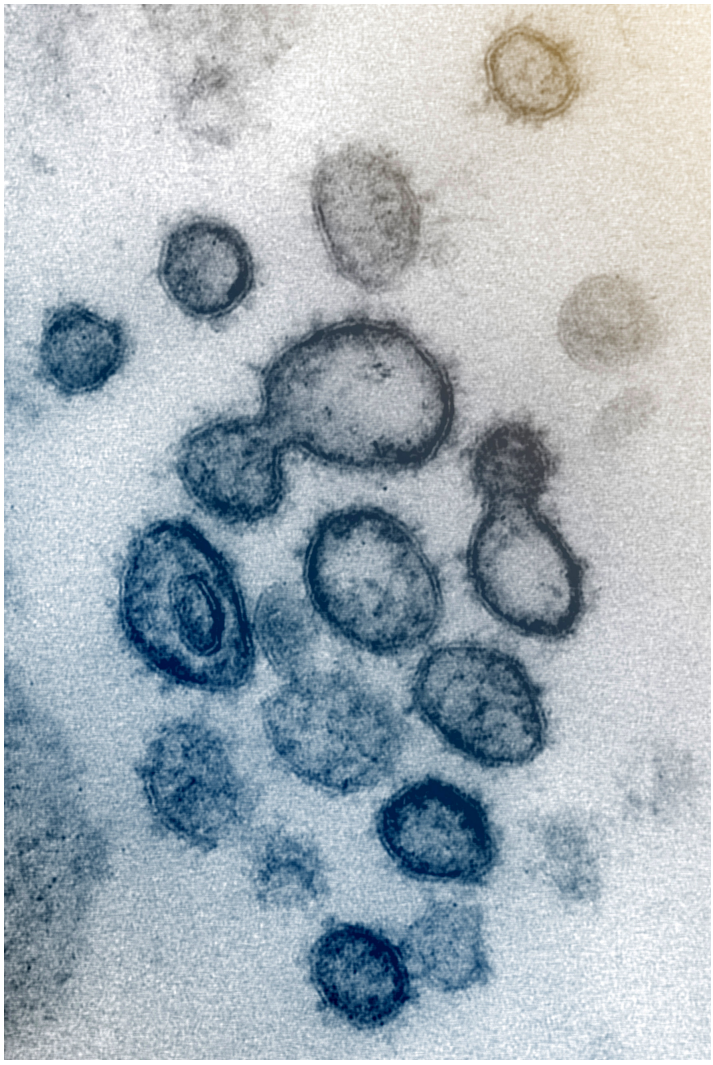
"When W. M. Stanley in 1935 announced (Science, 81, 644) that he had isolated from tobacco plants infected with mosaic disease a **crystalline protein** having the **characters of the virus.**

The majority of virus workers received the news with a certain scepticism.

Their doubt did not concern the facts but their interpretation, for it seemed possible that the virulence of this crystalline preparation **was due** not to the **protein** but to mosaic virus **present as an impurity**.

In every case the crystalline protein was highly virulent.

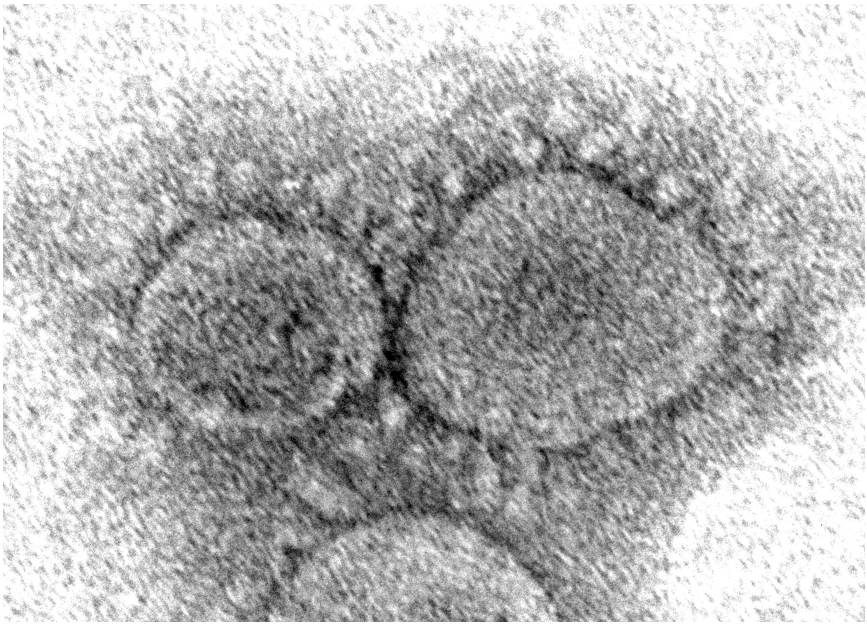
They appear to belong to the non-living world." - in "Are Viruses Alive", The Lancet, 3 July 1937.



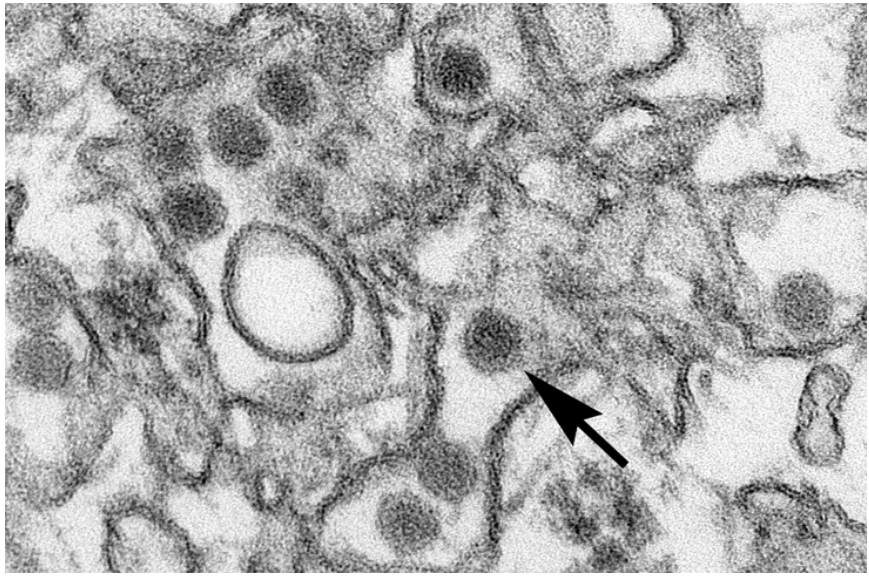
"This transmission electron microscope image shows SARS-CoV-2—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient in the U.S.

Virus particles are shown **emerging from the surface of cells** cultured in the lab.

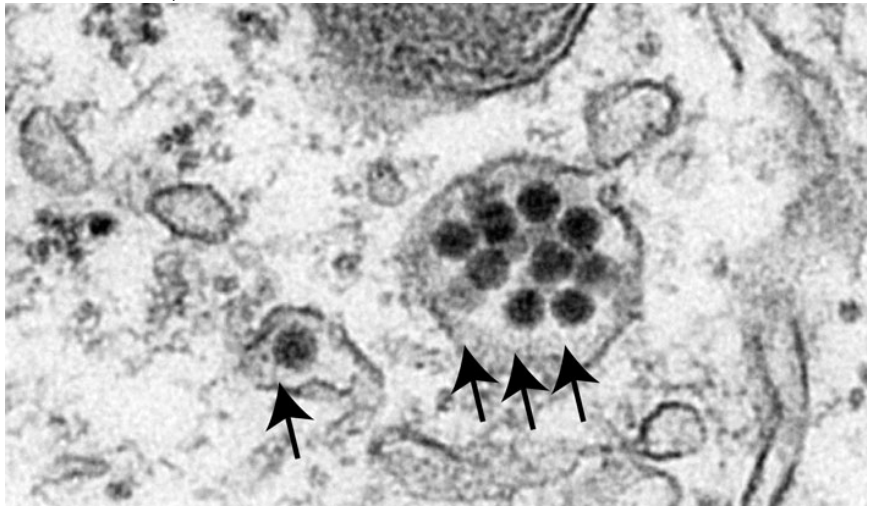
The spikes on the outer edge of the virus particles give coronaviruses their name, crown-like. Image captured and colorized at NIAID's Rocky Mountain Laboratories (RML) in Hamilton, Montana." - in "NIAID, Novel Coronavirus SARS-CoV-2", 14 February 2020.



"Electron microscopic image of a negatively stained particle of SARS-CoV-2, causative agent of COVID-19. Note the prominent spikes from which the coronavirus gets its name for "corona", or "crown-like"." - in "CDC/ Hannah A. Bullock and Azaibi Tamin", 2020.



"This is a transmission electron microscopic (TEM) image of the **Zika Virus**, which is a member of the family, Flaviviridae. Virus particles are 40nm in diameter, with an outer envelope, and an inner dense core. The arrow identifies a single virus particle." - in "CDC/ Cynthia Goldsmith", 2016.



"Electron micrograph of a Zika-infected neural cell, showing uptake of **Zika virus** particles in **membranous vesicles**. Scale bar is 0.5 μm. Image by Claudia Sanchez/Chiu lab." - in "UCSF", 13 July 2016.

Checking the Fact-Checking

"The virus that causes COVID-19 exists and was identified and isolated multiple times by independent research groups." *- in "Health Feedback", Science Feedback, 1 January 2021*

"Health Feedback is a non-partisan, non-profit **organization dedicated to science education**. Our reviews are crowdsourced directly from a community of scientists with relevant expertise. **We strive to explain whether and why information is or is not consistent with the science and to help readers know which news to trust.** Science Feedback has received accreditation from the International Fact-Checking Network (IFCN) at The Poynter Institute." - in "Science Feedback", 25 October 2019.

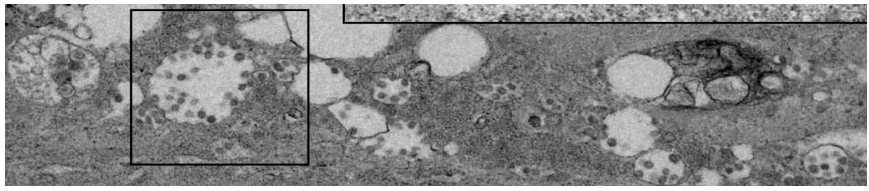
The Poynter Institute

"**Craig Newmark** is a board member of the Poynter Foundation and donated $1 Million to it in 2015.

In 2017, the Poynter Institute received $1.3 Million from the **Omidyar Network** and the **Open Society Foundations** in order to support new projects in 3 main areas: **fact-checking technology**, impact tracking, and financial awards through innovation grants and crowdfunding matches." - in Wikipedia

1. Craig Newmark: "**In 2014, he was one of 60 Democratic Party donors.**" - in Wikipedia
2. Omidyar Network: "Omidyar **is a major donor to Democratic Party candidates and organizations.**" - in Wikipedia
3. Open Society Foundations: "Soros pumps more than $28 Million into Democratic groups for 2020", in "Politico", 10 April 2020.

The Proof Is In The Pudding



"Viral particles in the ultra-thin sections were imaged using electron microscopy at 200 kV. The sample was from virus-infected Vero E6 cells. **The inset shows the viral particles in an intra-cytosolic vacuole**." - in "A pneumonia outbreak associated with a new coronavirus of probable bat origin", Nature, 3 February 2020.

The Authors of this paper are staff members of: CAS Key Laboratory of Special Pathogens, **Wuhan Institute of Virology**, Center for Biosafety Mega-Science, **Chinese Academy of Sciences, Wuhan, China, which are funded both by the US CDC and the Bill & Melinda Gates Foundation.**

"Slices through tomographic **reconstructions of SARS-CoV-2 virions.** Scale bars, 30 nm." - in "In situ structural analysis of SARS-CoV-2 spike reveals flexibility mediated by three hinges", Science 9 October 2020.

The authors of this paper are staff members at several institutions such as:

1. European Molecular Biology Laboratory
2. Goethe University Frankfurt
3. Paul-Ehrlich-Institut

Independent Research Groups?

European Molecular Biology Laboratory

"**European Molecular Biology Laboratory**

Date: July 2010
Purpose: to support the development of strategies to protect cereals against rust pathogens and diagnostic tools for rust research
Amount: $478,458
Topic: Agricultural Development
Program: Global Growth and Opportunity
Grantee Location: Cambridge" - in "Bill & Melinda Gates Foundation", July 2010.

How we are funded

"As part of the European Molecular Biology Laboratory (EMBL), the largest part of our funding comes from the governments of EMBL's member states.

The global importance of our work is reflected in the fact that we also attract significant funds from external sources, including some beyond Europe.

With thanks to our funders

We gratefully acknowledge the continued support of EMBL member states and other funding organisations. Our funders make it possible for us to deliver open data resources, perform excellent research and provide professional training for the global scientific community.

In 2019 our funders included:

Australian National Health and Medical Research Council
Biotechnology and Biological Sciences Research Council
British Council
British Heart Foundation
Cancer Research UK
Chan Zuckerberg Initiative
European Commission
European Molecular Biology Organisation
European Research Council
Foundation of the National Institutes of Health
Bill & Melinda Gates Foundation
Gordon and Betty Moore Foundation
Human Frontier Science Program
Innovate UK
Medical Research Council
National Institutes of Health
National Science Foundation
Research Councils UK
Wellcome Trust

Goethe University Frankfurt

Some of the leading authors of the paper are staff members of the "**Goethe University Frankfurt**, 60438 Frankfurt am Main, Germany", which receives regularly grants from the Bill & Melinda Gates Foundation.

Paul-Ehrlich-Institut

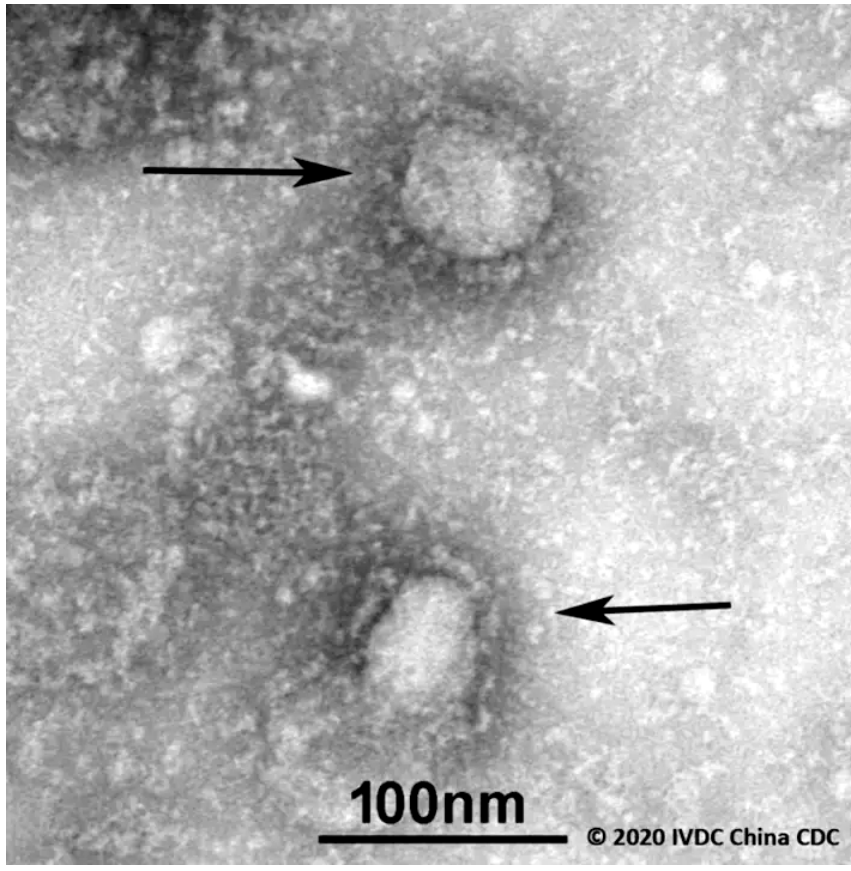
Other authors are members of the **Paul-Ehrlich-Institut**, which also receives funding from the Bill & Melinda Gates Foundation:

"From 30 July to 7 August 2018, Dr. David Mukanga of the Bill & Melinda Gates Foundation (BMGF) visited the **Paul-Ehrlich-Institut** (PEI) to inform himself on the institute's commitment and expertise in the field of marketing authorizations of medicines. Both players are committed to strengthen national health systems in Africa and to push through the implementation of international health regulations. The PEI has been involved in the Global Health Protection Programme (GHPP) of the German Federal Ministry of Health ever since 2017." - in "Paul-Ehrlich-Institut is committed to the global health protection – exchange with international foundation", July 2018.

Please see the list of members and participants of the World Health Organisation, Department of Immunization, Vaccines and Biologicals:

www.who.int/immunization/research/meetings_workshops/PDVAC-2020_virtual-session-VIPS-8-July_LOP_FINAL.pdf

First Image of "Covid-19"

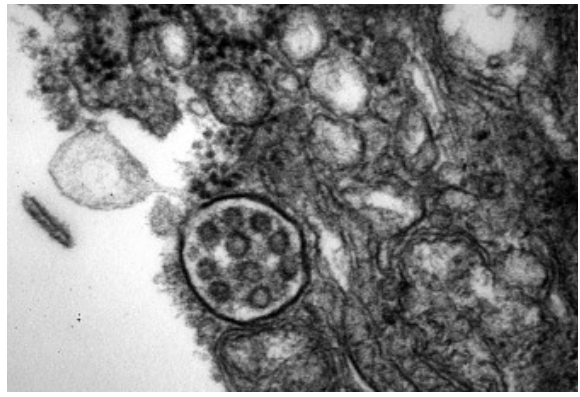


First image from the Covid-19, CDC, Wuhan, China, released to the press on the 10 January 2020. **Please note that this is a specific close up, and please notice the position of the first "virus" in relation to the position of the second "virus".**

What Is The Corona, The Spikes

"Multivesicular dense body: membrane-bordered organelle, containing small vesicles, possibly derived from the endosomal compartment." - Fergus J. Doherty, R. John Mayer, in "Intracellular protein degradation", 1992.

Multivesicular Bodies (MVBs)



*"**Multivesicular body in a podocyte** of a patient with Lupus Nephritis who **Tested Negative for Covid-19**"*

"It is now well known that patients with novel coronavirus disease 2019 (COVID-19) due to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) **commonly have kidney complications, including Acute Kidney Injury, Proteinuria, and Hematuria**.

Recent publications in Kidney International used Electron Microscopy to detect the virus in autopsy or biopsy specimens of the kidney.

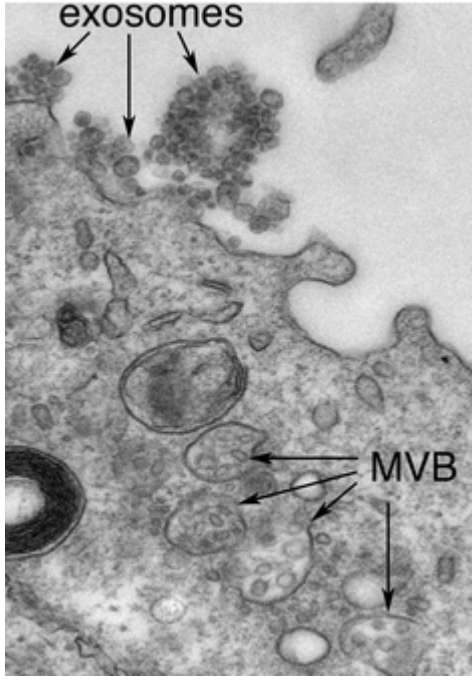
Most of the published images depicting the suspected virus are very similar, if not identical, to Multivesicular Bodies (MVBs).

MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially; however, their exact significance and function is unclear. **We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs.**

There are numerous structures found by Electron Microscopy that resemble viruses (so-called viral-like particles).

Two recent case reports of collapsing glomerulopathy in COVID-19 positive patients failed to identify the virus in the kidney biopsy by in situ RNA analysis.

Another case report describing a patient with collapsing glomerulopathy also failed to find viral RNA in tissue extracted from the biopsy but demonstrated "viral particles" (with the appearance of MVBs) in podocytes." - in "**Multivesicular Bodies** mimicking SARS-CoV-2 in patients without COVID-19", Kidney International, 10 May 2020.



"**Multivesicular Bodies** (MVB) can be seen which can deliver content to lysosomes for degradation or can fuse with the cell surface to release intraluminal vesicles as Exosomes, indicated by the arrows at the top of the picture" - James R. Edgar, in "What are Exosomes, exactly?", 20 November 2019.

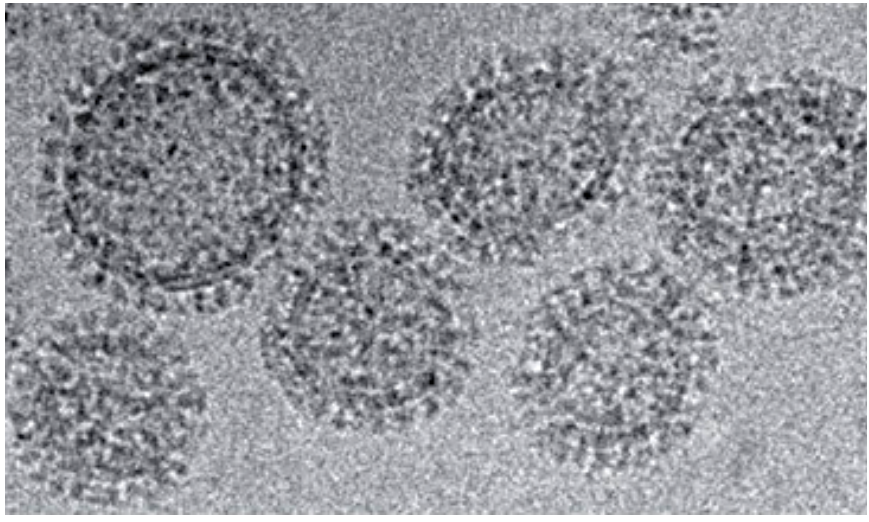
Membranous Vesicles

"Membranous Vesicles are small closed fragments of membrane.

They are released from **Multivesicular Bodies** (exosomes), or shed from the **Surface Membrane** (microvesicles).

Membranous Vesicles have been identified in snake venoms. The **Membranous Vesicles present in the venom were Microvesicles, since they originated from Microvilli on the apical membrane of secretory cells.** They contained cytoplasmic proteins, and proteins from the plasma membrane, Endoplasmic Reticulum (ER), and Golgi membrane.

The release of Microvesicles may be a mechanism to control the size of the cell membrane of the secretory cells, after intense exocytosis (process of moving materials from within a cell to the exterior of the cell)." - in "Origin and characterization of small **membranous vesicles** present in the venom of Crotalus durissus terrificus", Toxicon, 15 September 2017.



Membranous Vesicles with integral epithelial fusion failure

Vesicles undergoing fusion, slice through a tomogram, scale bar 20 nm

"Cell–cell fusion is the principal mechanism by which all multicellular organisms merge cells. It is required in biological processes as diverse as fertilization, development, immune response and tumorigenesis. Biological lipid bilayers do not fuse spontaneously. Specific membrane proteins, called fusogens, are required to modulate lipid-bilayers and thereby facilitate membrane merging. A number of specific cell–cell fusogens have been identified, **structural information has remained elusive.** Fusogens are membrane proteins that remodel lipid bilayers to facilitate membrane merging. Although several fusogen ectodomain structures have been solved, **structural information on full-length, natively membrane-anchored fusogens is scarce.** Here we present the electron cryo microscopy three-dimensional reconstruction of the Caenorhabditis Elegans (transparent nematode) epithelial fusion failure 1 (EFF-1) **protein natively anchored in cell-derived membrane vesicles.** This reveals a membrane protruding, asymmetric, elongated monomer. Flexible fitting of a protomer of the EFF-1 crystal structure, **which is homologous to viral class-II fusion proteins."** - in "The full-length cell–cell fusogen EFF-1 is monomeric and upright on the membrane", Nature Communications, 28 May 2014.

Electron Microscopic (EM) Images as Evidence

"Together with Dr Mario Ortiz Buijsse, Biochemist, we made a video ***"PCR test is far from clinical diagnosis"*** *13 August 2020, about SARS-CoV, [the computer generated image of Covid-19] which we see here in the background. Hopefully we will never see that again. I have it now by way of, I do not think anyone has ever seen it.* ***As a joke I showed it now, because it is a computer-generated animation model, nobody has ever seen it with their own eyes. So it is really fictitious, but hopefully we are going to visualize it for the last time, and then we should be finished with "Corona Gate".***" *- Flavio Pasquino, in "The PCR Test is faltering", Blckbx, 29 November 2020.*

"The images in these publications show putative virus particles that lack sufficient ultrastructure for an unambiguous identification as virus. Some of these particles definitely represent other cellular structures, such as rough endoplasmic reticulum, multivesicular bodies, and coated vesicles. Of "viral particles" in interstitial cells, which are clearly non-viral structures, such as coated vesicles." *- in "Why misinterpretation of electron micrographs in SARS-CoV-2-infected tissue goes viral", The Lancet, 31 October 2020.*

"We read with concern the articles that report the presence of coronavirus in kidney based on electron microscopic evidence. Neither article demonstrates the presence of coronavirus in the kidney. Purported virus particles in the cytoplasm of kidney tubular epithelium and podocytes. These structures are not viral particles, but rather clathrin-coated vesicles, normal cell organelles involved in intracellular transport. Their "spikes" (peplomers) are in contact with the cytosol, as are those on clathrin-coated vesicles" *- in "Visualization of putative*

coronavirus in kidney", Kidney International, 10 May 2020.

"However, we believe the Electron Microscopic (EM) images in the correspondence do not show coronavirus particles but instead show cross-sections of the rough endoplasmic reticulum (RER)." *- in "Electron Microscopy of SARS-CoV-2: a challenging task", The Lancet, 30 May 2020.*

We are told that:

"Coronavirus is an RNA virus consisting of ***positive-sense single-stranded RNA*** *of approximately 27–32 kb."- in "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19", February 2020.*

By this description, **a virus seems more like a chemistry set than an organism**.

Thus all we can make up of what they are showing us, the supposed "virus", is a uni-cell (1 cell), and not a 27-32 kb single-stranded of RNA.

The Synthetic Virus Farce

"The next Epidemic could originate on the computer screen of a terrorist intent on **using genetic engineering to create a synthetic version of the smallpox virus** or a super contagious and deadly strain of the flu."- Bill Gates, in "Munich Security Conference", 17 February 2017.

"**What is certain, however, is that we will be confronted with other emerging infectious diseases in the decade ahead, and that most of these diseases will arise from an animal reservoir. The synthetic reconstruction of an infectious bat-SARS-like precursor virus.**" - J. S. Malik Peiris, University of Hong Kong, Pasteur Research Centre Hong Kong, China, in "Molecular Biology of the SARS-Coronavirus", 2010.

"To test a possible route of emergence from the **noncultivable** Bat-SCoV to human SARS-CoV, we designed a consensus Bat-SCoV genome and replaced the Bat-SCoV Spike receptor-binding domain (RBD) with the SARS-CoV RBD (Bat-SRBD). Recent examples include **RNA viruses such as severe acute respiratory syndrome coronavirus (SARS-CoV), Ebola, Hanta, Nipah, and Chikungunya viruses. The determinants regulating successful trans-species movement remain poorly understood.** Zoonotic SARS-CoV strains were isolated from **civets and raccoon dogs**, the **epidemic likely originated from strains circulating in bats**. Bat CoVs cluster in both major mammalian CoV taxonomic groups, raising the possibility that **Bat CoVs may be progenitors to all 4 known pathogenic human CoVs**. **Bats are also predicted to function as reservoirs for other important emerging human and animal viruses. Because none had been recovered in culture, the infectivity of the reported viral genomic RNA sequences was hypothetical, having been derived from RTPCR sequencing of bat faecal or rectal swab samples.** Sequence databases have error frequencies from 1/500 to 1/10,000, making viable genome reconstruction problematic with increasing size. The defined and functional SARS-CoV 5' UTR and transcriptional regulatory sequences were used because the 5' UTRs of the Bat-SCoVs were incomplete recover and passage infectious Bat-SCoV failed." - Robert E. Johnston, Carolina Vaccine Institute, University of North Carolina, Conflict of interest statement: R. E. J. is a coinventor of the Venezuelan Equine Encephalitis expression vector technology and holds an equity interest in AlphaVax, Inc., the company that has licensed this technology from the University of North Carolina; et al., in "Synthetic recombinant bat SARS-like coronavirus is infectious in cultured cells and in mice", PNAS, 16 December 2008.

"**Vaccines containing whole cell toxins as antigens tend not to require a separate adjuvant because the whole cell toxin acts as its own adjuvant.** However, **newer vaccines containing partial cell toxins or synthetic toxins are greatly enhanced with the use of a separate adjuvant**." - Richard Flarend in "Aluminium and Alzheimer's Disease The Science that Describes the Link", 2001.

Fear Mongering

"In 1918, a particularly virulent and deadly strain of flu killed between 50 million and 100 million people."- Bill Gates in "Munich Security Conference", 17 February 2017.

This is fear mongering. No one knows how many people died. Records where poor kept, and in the majority of cases are non-existing. We know, that there where many deaths that winter, as the World War I came to an end, those in the war front where subject for the first time, to the use of Mustard Gas. Peoples lungs where damaged, and contaminated, and those working in the factories, in the war effort where inhaling the noxious gases from the furnaces and factory ovens.

Deaths Have Been Wrongly Certified as Covid-19

"**Grieving families said deaths had been wrongly certified as Covid-19.**

Medical experts have cited pressure on doctors to include Covid-19 as a cause of death.

MPs also insisted they were "certain" that too many fatalities were being blamed on the virus.

"The way Covid has been recorded, and reported is a national scandal." *- Funeral director, North West*

> ***"The Government should call a public inquiry into the handling of the pandemic immediately with an interim investigation into all Covid deaths that should report as soon as possible".*** *- Layla Moran MP, Chair of the all-party parliamentary group on coronavirus.*

Bel Mooney, revealed the death of **her 99 year old father, suffered from dementia and Chronic Obstructive Pulmonary Disease (COPD), was recorded as coronavirus.**

In another case, relatives where told that Covid was listed because it was difficult to distinguish it from Triple Pneumonia, which is what was suffering from.

His daughters did not catch the virus, despite visiting their mother in the final days." - in "What IS the truth about Covid deaths? Grieving relatives along with MPs and top medics demand inquiry as families reveal more loved ones they believe were wrongly certified as virus victims", The Daily Mail, 26 February 2021.

> *"**CBS News** admitted to a "mistake" on Monday after airing footage of an overcrowded hospital room that was allegedly in New York City but **was actually from a Hospital in Italy.**" - in "Fox News", 30 March 2020.*

"**CBS This Morning, 1 May 2020** have been caught broadcasting fake footage where they attempted to make things look a little bit more desperate than they actually were, outside a hospital testing facility.

"We knew they where coming, we had no clue that we were going to do fake patients. We pretended. There were a couple of real patients, which made it worse."

Project Veritas posted footage, and inside voice recordings by staff proving that **CBS wanted more people in the line, and had hospital workers pose as patients to make coronavirus testing lines look longer."** - in "CBS caught broadcasting 'fake news on the coronavirus'", Sky News Australia, 7 May 2020.

The Virus Clinically No Longer Exists In Italy

"**In reality, the virus clinically no longer exists in Italy.**

The swabs performed over the past 10 days have showed a viral load that is absolutely infinitesimal in quantitative terms compared to those carried out 1 month or 2 months ago.

Someone has to take responsibility for terrorizing the country." - Dr Alberto Zangrillo, MD, Head, Intensive Care and Anesthesia Unit, Full professor, University Vita-Salute San Raffaele, Vice-rector for clinical activities, Vita-Salute San Raffaele, Milan, Chief Physician of San Raffaele Scientific Institute, doctor of Italy's former President Silvio Berlusconi, in interview on RAI Television, 31 May 2020.

The Virus Transmission Farce

"**There were no outbreaks linked to crowded beaches.**

There's never been a Covid-19 outbreak linked to a beach ever anywhere in the world to the best of my knowledge. There was evidence going back to March and April 2020 that the virus is not transmitted well outdoors.

There's been very, very little evidence that any transmission outdoors is happening in the UK." - Prof Mark Woolhouse, Epidemiologist who advises Downing Street through the Sage's sub-group Spi-M., in "Science and Technology Committee", UK Parliament, 17 February 2021.

No Evidence of Transmission of Covid-19 in 10 Million People in Wuhan, China

"The citywide nucleic acid screening of SARS-CoV-2 infection in Wuhan recruited **nearly 10 Million people, and found no newly confirmed cases with COVID-19**.

The detection rate of asymptomatic positive cases was very low, and **there was no evidence of transmission from asymptomatic positive persons to traced close contacts.**

A total of 1174 close contacts of the asymptomatic positive cases were traced, and they all tested negative for the COVID-19." - Cao, S., Gan, Y., Wang, C. et al., in "Post-lockdown SARS-CoV-2 nucleic acid screening in nearly Ten Million residents of Wuhan, China", Nature Communications, **Received 18 August 2020**, Accepted 27 October 2020, **Published 20 November 2020**.

"Thucydides observed that people who like himself, fell ill and survived the "Plague of Athens" ***(the flu in Greece during the 2nd year (430 BC) during the Peloponnesian War), did not fall ill a second time****, and where able to care for the sick. The "plague" returned in the* ***winters*** *of 429 BC, 427/426 BC." - Rui Alexandre Gabirro, Emunctologist*

The Covid19 Virus Farce

German Coroner Concludes After 140 Autopsies:
"There is no killer virus"

"German coroner Klaus Püschel, Professor at the University Medical Center Hamburg-Eppendorf has examined more than 140 corona deaths in Hamburg. He said on German TV that the hysteria surrounding the corona virus has been exaggerated. All the people who died had underlying conditions and would have died quickly anyway, with or without the virus, adding that there is no "killer virus."

> *"This may sound harsh, but they would all have died this year", 80% of the patients suffered from cardiovascular disease and the mean age was 80 years." - in "Rair Foundation", 7 May 2020.*

Wuhan Pool Party shows China is over the Covid-19 Lockdowns; the Rest of the World, not so much

"Crowds packed out a water park over the weekend in the central Chinese city of Wuhan.

The sight of partygoers in Wuhan, China piling into a water park without masks or social distancing seems like a cruel joke to nations where no measures, however disruptive, seem to be helping against the Covid-19 pandemic.

The Wuhan pool party has now become a Rorschach inkblot test, with both sides of the debate seeing it as proof of their position. The one thing everyone will agree on is that the Chinese don't seem to be too concerned about Covid-19 anymore." - in "RT", 17 August 2020.

The Wuhan Tourist Board has Invited Tourists to Return to the City

"The Wuhan Culture and Tourism Bureau has released a new video, entitled "Let's meet in Wuhan".

The City has not recorded any cases since May." - in "Wuhan launches tourism campaign to tempt back visitors", Independent, 19 November 2020.

> *"**Fear always beats logic.** And it will take a long time for people to realize, and there had been trillion of dollars spent on a absolute scare campaign." - Professor Ian Plimer, in "Sky News Australia", 29 January 2021.*

Up to 90% of People who test positive for Covid Barely carry any virus, and are not contagious. Every Stat about the Disease is Bogus

"It has been revealed that the standard tests being used in the US to diagnose Covid-19 cases are far too sensitive, with the vast majority of people marked down as being positive actually turning out to be negative. Data from 3 US states: New York, Nevada and Massachusetts, shows that when the amount of the virus found in a person is taken into account, up to 90% of people who have tested positive should actually have been negative, as they are carrying only tiny amounts of the virus, are not contagious, pose no risk to others, and have no need to isolate.

This means that only a fraction of the daily "cases" being reported so hysterically in the mainstream media are actual, bona fide Covid-19 sufferers, and need treatment and to separate themselves from others.

The FDA has only now been forced to concede that they have no idea how different testing companies determine which the positive and negative tests are: they just accept whatever data they are given. What these findings bring is absolute assurance that the testing to this point has been an utter waste of time, and that not one statistic concerning this pandemic – from cases to deaths to infection rates – can be believed. **Something has gone, not just wrong, but totally haywire, when the might of the world's scientific establishment is trained with the zeal of a Witch Finder General on one particular microscopic particle.**

Not even a particularly dangerous particle; the latest data show it is the eighth most common cause of death in England, and it doesn't make the top ten in Wales.

Meanwhile, in Wuhan, the original source of this disease, the pool parties are in full swing."- Peter Andrews, Science Journalist, has a background in Life Sciences, a graduated from the University of Glasgow with a Degree in Genetics, in "RT", 3 September 2020.

Only 6% Died of COVID-19

"Comorbidities: Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). **For 6% of the deaths, COVID-19 was the only cause mentioned.**

For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." - in "Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group and state, United States", CDC, 23 September 2020.

No one has died from the Coronavirus

"I asked, 'Is there a difference in the autopsy of a person who died from the coronavirus and of another person who died from the seasonal flu?' And Dr. Moch answered that to this point from what he has seen in the autopsies there is no difference in the pathology of the person who died from coronavirus and someone who died from seasonal flu.

In Bulgaria we've done 3 autopsies [on people whose deaths were attributed by COVID-19], [conducted] by Dr. Nia Serbianova [head of clinical pathology at Pirogov Hospital].

She asked the same question about this antibody to experts from Italy and Spain.

They replied that there's no such monoclonal antibodies.

What all the pathologists said is that there's no one who has died from the coronavirus.

And I will repeat that: **no one has died from the coronavirus. When we say that the patient died because of the coronavirus, we mean that the coronavirus led to interstitial pneumonia, afterwards leading to the death of the person, with no other diseases in other organs and in other systems. But such facts haven't been found; nobody has reported this.**

It's the first time in my practice – I've been practising for 30 years as a doctor – that the WHO is announcing a pandemic before it has facts to support this. They didn't not announce an epidemic but instead a pandemic. Pandemic means that people will die from the coronavirus. I don't know why many governments and country leaders are saying that people are going to die from it.

The real term we use is that the people in Italy and France and in Spain are dying with the coronavirus - not from the coronavirus - on the top of their very poor clinical picture from their illness [i.e., they had serious comorbid disease(s)].

The coronavirus infection is an infection that does not lead to death. And the flu can lead to death.

At the moment it's a total resistance of the pathologists in Europe, in China, as well as in Australia and in Canada [because] the pathologists have been pushed and pressured: if the patient has a coronavirus, the reason for the death is to be written that it's nothing else but the coronavirus. That's quite stressful for us." - Dr. Stoyan Alexov, President of the Bulgarian Pathology Association, in 'COVID-19: Unprecedented Challenges in Pathology Departments Across Europe', 8 May 2020.

Thailand Population 66 Million People

"83 Dead."- in "Covid-19 Dashboard, Center for Systems Science and Engineering (CSSE), Johns Hopkins University", 26 February 2021.

São Salvador, Bahia, Brazil

"According to the Axé Project, from the Public Ministry of the State of Bahia, Brazil (MPE-BA), **more than 14,000 people live on the streets of the capital city of the state of Bahia, São Salvador. If added to those who make their living from the streets, the number reaches 20,000 people."** - in "Agência Brasil", 16 April 2017.

30,000 Homeless in São Salvador = 0 Deaths

"As they are not in an adequate hygiene and protection situation, homeless people are the most vulnerable to Covid-19 contamination.

However, **according to City Hall data, there have been no records of deaths from the disease so far in this population.**

There is no notification of deaths in hospitals dedicated to the care of Covid-19 that has verified the death of a vulnerable individual due to the disease." - in "City Hall does not register deaths by Covid-19 in homeless people in the capital of Bahia", Muita Informacao, 25 September 2020.

"COVID-19 has a mortality of around 0.01%, in accordance with the death statistics from many countries." - Dr Søren Ventegodt, MD, Dr Joav Merrick, MD, in "A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers", 20 April 2020.

Australia's Leading Killers

"Cancers	26.06%
Hearth Disease	17.52%
Alzheimer & Dementia	10.80%
Stroke	**7.99%**
Lung Disease	**6.58%**
Diabetes	3.53%
Flu & Pneumonia	**2.89%**
Covid	**0.87%"**

- Alan Jones, in "Sky News", Australia, 4 October 2020.

Covid-19 Mortality Rate

Cambridge University	**1.4%**
Imperial College London	**1.2%**
Australian Study	0.75%
World Health Organization	**0.6%**
Harvard University	0.5%
SAGE (UK)	**0.5%**
German Study	0.37%
Stanford University	0.2%
Qatari Study	**0.01%**

"According to Cambridge University the Covid-19 mortality rate is at 1.4% , followed by Imperial College London with 1.2% and an Australian study with 0.75% Dr Yeardon cites the Stanford study, saying:

"**After extensive world wide surveys, pre-eminent scientists such as John Ioannidis, professor of epidemiology at Stanford University in California, have concluded that the mortality rate is closer to 0.2%.**" - in "Three facts No 10's experts got wrong: Dr Mike Yeadon says claims that the majority of the population is susceptible to Covid, that only 7% are infected so far and virus death rate is 1% are all false", Daily Mail, 30 October 2020.

Average Age of Death from Coronavirus is 82.4 Years

"The average age of people who died from Covid-19 in England and Wales since the pandemic began is **82.4**.

That figure – computed from Office of National Statistics data by experts at Oxford University – is significantly higher than **the average age reached by people recorded as dying from all other causes, which is 81.5.**" - in "Data shows the average age of death from coronavirus is 82.4 years", The Daily Mail, 8 October 2020.

Combined Weekly Flu & COVID-19 Report

"This report summarises the information from the surveillance systems which are used to monitor the Coronavirus Disease 2019 (COVID-19) pandemic in England. The report is based on data from week 39 (between 21 August and 27 September 2020). References to COVID-19 represent the disease name and SARS-CoV-2 represent the virus name. This will be the last COVID-19 surveillance report, ***as of 8 October 2020, the information in this report will be published in a combined Weekly Flu and COVID-19 Surveillance Report*** *on GOV.UK." - in "Weekly Coronavirus Disease 2019 (COVID-19) surveillance report Summary of COVID-19 surveillance systems", Public Health England, Week: 40, 2020.*

Immunosuppressive Drugs

"Immunosuppressive drugs, also known as immunosuppressive agents, immunosuppressants and antirejection medications are drugs that inhibit or prevent activity of the immune system." - in Wikipedia

"In this cohort study of 981 confirmed COVID-19 patients consecutively hospitalized at a large North West London hospital, immunosuppressant use was associated with significantly higher mortality rates." - in "Clinical characteristics and outcomes of immunosuppressed patients hospitalized with COVID-19: experience from London", Journal of Internal Medicine, 9 September 2020.

Lower Plasma Zinc levels Associated with Increased Risk of Death in COVID-19 Patients

"Dr Roberto Güerri-Fernández, Hospital Del Mar, Barcelona, Spain, and colleagues, involved a retrospective analysis of symptomatic Covid-19 patients admitted to a tertiary university hospital from 15 March to 30 April 2020.

Mean baseline zinc levels among the study cohort of 249 patients was 61 mcg/dl.

Among those who died (n=21, 8%), baseline zinc levels were significantly lower at 43mcg/dl vs 63.1mcg/dl in survivors.

Having a plasma zinc level lower than 50mcg/dl at admission was associated with a 2.3 times increased risk of in-hospital death (95% CI 1.06-5.01; P=0.034) compared with the patients with a plasma zinc level of 50mcg/dl or higher." - in "ECCVID 2020: Lower plasma zinc levels associated with increased risk of death in COVID-19 patients", 23 September 2020.

Hydroxychloroquine, Ivermectin, Vitamin D and Zinc

"My name is Dr Ramin Oskoui, I am a board certified cardiologist, and internist who practice who is licensed to practice in DC, Maryland, and Virginia.

I have treated several dozen of Covid19 patients since the outbreak of the pandemic my remarks are directed in part to the differing roles and responsibilities of scientific researchers and government agencies and practising physicians in the health care crisis.

Why then, with a disease we had never seen before in late March 2020, are practising physicians being condemned, ridiculed or shamed, in some cases for doing what practising physicians have always done; using their

professional skills and expertise to make the best practical life-saving use of the existing scientific research.

The Health Policy Establishment's criticism of the front-line doctors was over the top and it was unfounded.

For example drugs like Hydroxychloroquine, Ivermectin, which are FDA approved for certain uses, have extensive safeguards even for non-approved uses.

They were both approved decades ago and have an established record of efficacy, and a comprehensive information on possible side effects.

Earlier this year (2020) we faced a health crisis like any other crisis with an unknown and unproven enemy we cannot rely exclusively on the tried and true.

But it was worse than that, affirmative steps to keep physicians and patients ignorant were taken.

Indeed censorship of scientific research, indeed medical McCarthyism became the norm.

In terms of the data I provided the clerk of this committee of numerous clinical trials on many of these drugs, not limited but including:

1. Hydroxychloroquine.
2. Ivermectin.
3. Vitamin D.
4. Zinc.

And a few other medications, and those trials are there.

But the fact that we have had 3rd world countries, 2nd world countries, that have been more innovative, and have outperformed us in terms of survival. I think is something that warrants questioning.

And one has to wonder, if our bloated Research Academic Bureaucracy has been more of a hindrance, than a help during this healthcare crisis." - Dr Ramin Oskoui, MD, in "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution", Senate Committee on Homeland Security and Governmental Affairs, 8 December 2020.

Until June 2021 Medical-Forensic Reports to be Made Solely on Existing Medical Documentation

"**Article 16 -** Forensic medical examinations and psychosocial teams.

Until 20 June 2021 inclusive, medical-forensic reports may be made based solely on existing medical documentation at their disposal, which may be required from health centers or affected persons to be sent by telematic means, provided that this is possible.

In the same way, the psychosocial teams for minors and the family and the units for the comprehensive assessment of violence against women may act." - in "Law 3/2020, of September 18, on procedural and organizational measures to deal with COVID-19 in the field of the Administration of Justice", State Agency Official State Gazette, Spain 19 September 2020.

Covid-19 is an Acute-on-Chronic Health Emergency

"Covid-19 is an acute-on-chronic health emergency," said Richard Horton, the Lancet's editor-in-chief.

He described the coronavirus pandemic combined with high global rates of **obesity**, **diabetes** and other chronic diseases as a "syndemic".

"The 'syndemic' nature of the threat we face demands

that we not only treat each affliction, but also urgently address the underlying social inequalities that shape them."

He said chronic conditions such as high blood pressure, high blood sugar, obesity and high cholesterol suffered by millions around the world had played a critical role in driving the more than 1 million deaths caused by COVID-19 to date." - in "World caught in "syndemic" of chronic diseases and COVID-19, global study says", Reuters, 15 October 2020.

Over 50% of Adult Americans Are Pre-diabetic or Diabetic That is Beyond Epidemic

"**Did you know that a paper last year over 50% of adult Americans are now pre-diabetic, or diabetic.**

And pre-diabetic, diabetic, insulin resistant, hyperinsulinemic, to an engineer these are all the same spectrum.

Over half of Americans, essentially of diabetic dysfunction.

Wow, over half of the population of a specific dysfunction, that's kind of beyond epidemic.

And if you use crafts test which is far more sensitive probably over 65% of adult Americans have a level of diabetic dysfunction.

Dr Alan J. Garber, MD, PhD, MACE, a leading expert on diabetes, reckons it's probably above 70% from his patients." - Ivor Cummins BE(Chem) Ceng, MIEI, PMP, Chief Program Officer for Irish Heart Disease Awareness, in "Wanna know how to collapse your heart disease risk? Ok then", 19 July 2016.

> *"Those with cardiovascular disease not identified with diabetes, are simply undiagnosed." - Dr Joseph R. Kraft*

Toxemia from the Standpoint of Perverted Metabolism

"Toxemia is a condition characterized by the overloading of the blood with normal or abnormal products of food or tissue metabolism.

This condition, therefore, is purely endogenous in character, and is sharply separated from those conditions associated with toxic symptoms due to exogenous products as well as from those toxemic states arising in the course of infectious diseases.

Toxemia related to abnormal intestinal activity may be due to bacterial action to some extent, but the bacteria concerned in such processes are normal habitants of the intestinal tract, and may, therefore, be considered aside from those producing the acute infections. **Toxins elaborated by the activity of specific microorganisms upon the various classes of tissue of the body, cause, often times, such an intense poisoning of the system that death results.**

Time will not permit a differentiation, both chemical and pathological, of these 2 types of toxemia; I can do no more than refer to the fact that in all infectious diseases specific toxic products are formed, the influence of which depends upon the resistance of the system as characterized by the presence and activity of antibodies, such as antihemolysins, antitoxins, anti-agglutinins, opsonins, etc.

These subjects are becoming of prime importance in the study of infections.

It should be further remembered that excessive normal or abnormal activity of one organ may so influence the activity of other organs that a toxemia may follow as a result of perverted secondary metabolism.

The close relation or coordination of the various tissues of the body has been well treated by Starling in his assumption of the various "hormones".

Perverted Metabolism

Accepting, then, that the toxemia under discussion is

endogenous in character, is usually non-bacterial, and is influenced by the inter-relations of the many organs of the body, is there any basis for the belief that it is due to perverted metabolic activity of any organ or group of organs?

It is more or less common, to hear of intestinal, hepatic, renal, thyroid, orchitic, and other toxemias, as well as of those conditions occasionally accompanying more or less physiological states, such as pregnancy.

It is evident, therefore, that such conditions are associated, in the minds of the profession, with abnormal activity of the organ in question.

It is reasonable to suppose, and definite proof can be given, that abnormal activity, that is, **perverted metabolism, of any organ results in the overloading of the blood with products which may, per se, lead to various symptoms of the toxemic type, or may so influence the activity of other organs that abnormal relations obtain.**

Moreover, the activities of many organs, depending as they do on the presence of certain substances elaborated by other organs, and passed by them into the blood stream, are influenced to abnormal activity by their absence, due to disease or to perverted metabolism of the coordinated organs. It is necessary, in support of this view, only to cite the influence of the thyroid, ovary, testicle, pancreas, suprarenal, and hypophysis on the general body functions. Remove them and the results are well known.

Intestinal Toxemia

In the study of this condition we have to consider several factors. **It is evident that the activity of the intestinal juices is dependent on the quality and quantity of the food introduced, the quality and quantity of the intestinal juices, the power of absorption, and the motility of the intestine.** Normally, no great variation in the decomposition processes, both those due to the intestinal ferments and those due to intestinal bacteria, is observed.

Yet any abnormality in any of the factors above mentioned will lead to markedly abnormal decomposition processes.

Thus the intake of an excessive amount of food or drink leads first to disturbance of the gastric functions, as shown by the symptoms of nausea and vomiting, and later to marked intestinal disorder, as evidenced by the symptoms of enteritis. While such disturbances do not, necessarily, lead to general symptoms, yet the common complaint of weakness, headache, rapid, weak pulse, etc., show that a general influence is present.

Moreover, a direct effect upon the intestinal activity is observed after the intake of a large amount of food.

The digestive powers of the juices are pushed to the limit to take care of the excess, but unless abnormal motility of the bowels is present, this excess cannot be handled. We thus observe an effort on the part of the bowel to overcome these effects.

Diarrhoea, under these conditions, is a conservative process, since without it the digestive juices cease to act, according to the law that an accumulation of the products of activity of an enzyme will retard or prevent further activity.

In case the motility of the bowel is normal, the food remains in a partly digested state, and is then subject to the activity of the bacterial flora of the intestines.

Such latter activity is not the same as is that of the digestive juices, except to a certain degree, and abnormal products are formed.

The ordinary processes which occur in the bowel abnormally are fermentation of the carbohydrates, putrefaction of the proteins, and conversion of the fats to lower fatty acids. Normally fermentation occurs in the lower parts of the small intestine, while the putrefactive processes take place, almost exclusively, in the large bowel.

Occasionally we find these latter changes in the small intestine, and in such cases the decomposition products, as found in the urine, are much increased, owing to the greater absorptive power of the small bowel.

It is clear that an abnormal condition of the digestive

juices will lead to a lessened digestive, and, hence, to a lessened absorptive power of the bowels.

Without such conditions food has little energy value, and symptoms of under nutrition slowly but surely supervene.

I cannot discuss the metabolism of this condition, but I can say that perverted metabolism of all organs is present.

Toxemia of intestinal origin is due to the absorption of abnormal amounts of normal products or to normal absorption of abnormal products.

By this I mean that excessive intake of food or deranged intestinal activity will lead, under certain conditions, to absorption of large amounts of the products normally or abnormally present.

This excess taxes the liver in its effort to convert the nitrogenous products into urea, in its effort to elaborate the carbohydrates into glycogen, and in its attempt to furnish sufficient bile to permit of the absorption of the fat.

Failing in this, the liver must allow the excess to pass from it in the unelaborated state. Such a condition overloads the blood with purin bodies, with amino-acids, with sugar, and with other substances, which exert toxic effects on the system, in case the accessory organs are unable to handle them.

I cannot discuss the influence of excess of uric acid or of sugar in the blood beyond the statement that well known conditions arise from such an excess.

It is, however, with the abnormal decomposition products of intestinal activity with which I desire to deal in this discussion.

Where can we draw the line between normal and abnormal decomposition in the bowel? That the products formed may exert some toxic action on the system is true, but we must not exaggerate these influences.

We are indebted to Bouchard for the doctrine of intestinal auto-intoxication, and, since his publications, a general belief has prevailed that decomposition in the intestines plays a large role in the production of disease and errors of metabolism.

The question is very apropos - To what extent and under

what conditions may normal products of putrefaction and fermentation cause disease?

The number of putrefactive products which occur in the intestine only under pathological conditions, and to which any toxic action can be attributed, is remarkably small.

Skatol, indol, etc., may cause headache, neuralgia, neurasthenic symptoms, etc., yet, as Rovighi has shown, symptoms of poisoning are evident in dogs only when 1 gram per kilo is injected.

The production of acetone and diacetic acid in the bowel has been assumed by Peters, Litten, von Jaksch, Lorenz, and others to be a sign of intestinal intoxication leading directly to a state of acidosis, which markedly affects the general metabolism.

Keller, Pfaundler, Czerny, and others have made this condition accountable for the cyclic vomiting in children.

We now know that, although these acetone bodies are formed to some extent in the bowel, yet they occur as common accompaniments of starvation, especially as regards the carbohydrate foods.

Ptomaines, such as putrescin and cadaverin, have been found in the urine and faeces by Udransky and Baumann, Stadthagen and Brieger in cases of cystinuria, which were associated with abnormal protein decomposition.

It is quite possible, when the true nature of this disorder of metabolism is known, that these substances may be found to be derived from abnormal tissue metabolism and not from that of food products.

It is true that abnormal decomposition in the intestine is associated with abnormal products.

It seems to me that the results observed following intestinal disorders are to be explained by the effect of the products of abnormal decomposition upon the metabolism of other organs rather than by the direct effects of the products themselves.

The question of intracellular activity is more fertile as a field of research than is the constant study of the products of bowel activity.

No question can be raised that intestinal toxemia occurs.

It may be that some product may be found that is sufficiently toxic to account for the effects, yet the secondary metabolic effects seem to me the more plausible.

Hepatic Toxemia

The liver, owing to its many functions, is one of the most important organs of the body. While its secretory activity is confined to the elaboration of bile, its so-called internal secretory functions are of great influence upon the general metabolism. It is in the narrow space of the liver cell that we find localized the formation of glycogen from sugar, the conversion of the aminoacids and ammonium compounds into urea, the neutralization of extrinsic and intrinsic toxins, the conjugation of aromatic bodies with sulphuric and glycuronic acids, as well as the storing up of fatty acids and soaps. Any disturbance in any of these functions is promptly felt by the system as a whole.

In the discussion of toxemia of hepatic origin I shall not consider the toxic effects due to stagnation of bile.

The formation of bile is a specific vital function of the liver, and it is self-evident that its involvement or abolition, as a result of pathological changes in the organ, cannot continue without severe reactions upon the system in the sense of an auto-intoxication (Weintraud).

Such metabolic results of jaundice of short or of long standing are too well known.

The bile acids, with their known effect of producing hemolysis and slowing the pulse, will likewise be passed over, as such activity is not due to a direct disturbance of metabolism, but rather to a specific action of these compounds.

While it is true that jaundice, acute yellow atrophy, cirrhosis, phosphorus poisoning, etc., have definite influence upon the local and the general metabolism, yet in this discussion I do not have reference to specific disease of the liver, but rather to the toxemia as a result of insufficiency of this organ.

It may be said that there are no functional disturbances of

the liver cells that are pathognomonic of absolutely definite changes in the hepatic parenchyma.

As every disturbance of the activity of the cells influences the proper performance of other functions, a number of phenomena are combined in this symptom-complex of hepatic insufficiency.

One of the most important functions of the liver is its antitoxic power.

As Weintraud has well said:

> *"The antitoxic functions of the liver may be, to a great extent, comprehended by recognizing a protective action in each of the numerous metabolic indications by which the functional activity of the normal liver cell manifests itself, and by seeing an intoxication in the disturbance of these functions. At all events, the normal composition of the tissue juices is altered, and they depend upon hepatic integrity for their adequate maintenance. Just as the synthesis of urea from the toxic ammonia permits the harmless urea to be excreted, so the formation of glycogen from the carbohydrates prevents an overloading of the system with glucose. The poisonous products of digestion of protein are converted, during their passage through the liver, into non-toxic compounds, while the free fatty acids and soaps, which arise in intestinal digestion of fats, and which are toxic in large amounts, are retained and stored up in the liver. The formation of bile likewise frees the body from other injurious products of cell activity."*

Although there may not be enough constancy in the so-called hepatic insufficiency to warrant the assumption of a clinical symptom-complex, vet there are many evidences of this condition, which lead us to believe that a toxemia may arise from such a source. Few of the tests advanced as diagnostic of such a condition have stood the fire of criticism, but the finding of Strauss, that levulosuria follows

the ingestion of 100 grams of levulose during fasting, has remained fixed.

While it is difficult to say just how far other organs may be functionally influenced by the toxic action arising from disturbances of the liver, there can be little question that certain toxemic symptoms may be manifested by disorder of any of the hepatic functions.

Although I cannot go into a discussion of the hepatogenous form of diabetes, due to the insufficiency of the liver to handle the sugar brought to it by the portal vein, or of the various disorders related to the so-called uric acid diathesis, yet these should be borne in mind.

It is evident that any perversion of the normal functions of the liver will lead to the accumulation of abnormal products. Normally, autolytic processes are going on in the liver cells, which result in the formation of definite products.

These are rendered inert by the same liver cells that produce them.

In other words, the liver cell is capable of breaking down and resynthesizing its own constituents.

These autolytic products are, as Magnus-Levy has shown, of the acid type, and pass into the circulation unmolested, providing the liver is not capable of exerting a sufficient antitoxic effect. Thus arises a condition of acidosis, whose influences are fairly well known.

It is not to be understood that the liver, under abnormal conditions, is the only seat of formation of such bodies, but it is one of the most important.

Usually the pathological changes associated with such processes are fatty in nature, as evidenced by the fact that in phosphorus poisoning, acute yellow atrophy, and delayed chloroform poisoning, fatty degeneration of the liver is associated with an increased output of amino-acids and acetone bodies.

A second series of changes which give rise to signs of hepatic toxemia are those associated with disturbance in the conversion of aminoacids, etc., into ammonia, and thence into urea.

Here we find an ammoniemia along with irregular

autolysis, leading to an increased acid formation either of the amino or oxy series.

This condition is quite distinct from that discussed above and has a separate function of the liver to deal with.

The combination of these two conditions has lead to the assumption by Croftan and others that the liver is more at fault in the causation of uremia than is the kidney.

Yet we must remember that were the kidneys not involved uremia would not occur, although symptoms somewhat resembling it may obtain.

The general metabolic effect of such a condition is more in the foreground in such cases than is the hepatic or renal disorder, yet the hepatic insufficiency is, in some degree, accountable for the overloading of the system with such products, while the renal insufficiency prevents their excretion.

Another class of hepatic toxemias is found in a low-grade infection of the gall-bladder.

I have recently seen, through the courtesy of one of our leading physicians, a patient who had been treated for 10 months for dilatation of the heart without the slightest effect. Indeed, the trouble had progressed.

On simple drainage of the gallbladder, although no symptoms pointed to this organ, the cardiac symptoms became better, and within a few days had almost subsided, the heart being reduced to about normal size.

This points, it seems to me, to some obscure toxemia, with the gall-bladder as its source. As the bile excretes many of the toxic substances carried to the liver, it seems rational to suppose that, through some perversion of metabolic activity, such products, possibly of bacterial origin, were either not excreted into the bile, but were passed into the circulation, bringing about a toxemia, or, being excreted, a low grade inflammation of the gall-bladder ensued, which may have induced the condition found.

We all know that the myocardium is extremely sensitive to untoward influences, so that the above assumptions do not seem far-fetched. We must grant, therefore, that many metabolic perversions of the liver may lead to definite

toxemia, although this may not always be manifested by a clear etiology. Certain it is that some of these toxemias of hepatic origin are associated with urinary and blood findings, which are not, it is true, pathognomonic, but do point to the probable source of the trouble.

Renal Toxemia

That toxemia of renal origin occurs is unquestioned, but the cause of such a state is unknown. All gradations of such intoxication, from the intense acute uremic state to the slow chronic form, are observed. The theories advanced regarding the causation have for the most part as a basis the idea of overloading of the blood with urinary constituents as a result of an insufficient kidney.

One must mention the findings of Gumlich and Richter, that ammonia, alloxur bodies, and extractives were markedly increased in the urine of uremics.

As von Noorden states:

> *"A thorough inquiry into the localization of these substances and into their toxic action in cases of renal insufficiency is much needed. It will also be necessary to ascertain how and to what extent glands, such as the thyroid and suprarenals, react to the intoxication; whether by insufficient or excessive secretion, or by the production or neutralization of the products of metabolism. When we are acquainted with all the factors which probably go to determine the appearance, progress, and prevention of uremia, it will no longer seem strange that it cannot be correctly estimated or adequately explained either by the deficit in the metabolic balance or by quantitative analyses of the blood."*

It is certain that no definite explanation of this toxemia can be given at present, although many attempts have been made to account for it. It is well known that complete anuria may obtain and yet no symptoms of toxemia be present. This should prove that it is not alone the retention of waste

products that brings about this syndrome, but rather some unknown influence acting upon the general or special metabolic activity.

Thyroid Toxemia

The thyroid is of great importance in the general metabolic activity of the system. When this organ is lacking, owing to disease or to removal, a marked lowering of the general energy relations ensues, while in cases in which its function is exaggerated a great increase in the total consumption of energy is noted.

There is no organ, with the possible exception of the working muscle, which exerts such an influence on the energy relations as does the thyroid (Magnus-Levy).

The thyroid excretes in its colloid substance an active product, thyreoglobulin, which is combined with the specific iodothyrin.

This substance is, no doubt, the one to which a great deal of the influence of the thyroid is due.

The internal secretion of the gland finds its way through the lymph stream into the blood, whence it passes to the various organs upon which its influence is exerted.

It is known that definite signs of toxemia follow both the excessive and the deficient action of this organ.

It is necessary only to cite the symptoms in a well marked case of Basedow's disease, such as hyperidrosis, exaggerated reflexes, restlessness, tachycardia, tremor, etc., as well as those of myxcedema or of cachexia strumipriva, to carry my point.

Many other conditions, which may be classed as toxemic, are observed following perverted metabolism of the suprarenal glands, of the hypophysis, of the ovaries, and of other organs.

The symptoms of such toxemias are not so well marked, in all cases, that an absolute diagnosis may be established, yet the etiological factor at the bottom may often be discovered by careful consideration of the normal functions of the various organs mentioned.

Conclusions

Toxemia, aside from that following the acute or chronic bacterial processes, is always of metabolic origin. The toxemias are more the effects of a general metabolic perversion than of a direct organic disorder."- Dr Ralph W. Webster, MD, Instructor in Medicine, Rush Medical College, University of Chicago, in "The American Journal of Medical Sciences", 1908.

The Empty Hospitals of Belarus

"**Hospital of a country without confinement Belarus.**

I am visiting Hospital Number 1 in the city of Minsk, the hospital has a normal occupancy for this time of the year, the doctors I have spoken to say that the situation is the same as in any other year with flu. **The Hospitals are not collapsed, nor are they overflowing with patients.**

No one is using masks and the only persons using masks are the operation personnel." - Rubén Gisbert, Hospital de un país Sin Confinamiento, 5 September 2020

"Healthcare Institution 1-st Municipal Clinical Hospital is a multi-functional Healthcare institution working under Healthcare Committee - Minsk City Executive Committee and provides full range of medical care for adult population of Minsk City and citizens of the Republic of Belarus, citizens of other states and stateless person in order and on conditions determined by Belarusian law.

The capacity of the institution is the following: a hospital for 650 beds and 4th women's consultation - 180 visits per shift serving Polyclinic №. 13, Children's Polyclinic № 1, № 17.

The main activities of the institution: Provision of first and emergency aid to patients with acute and sudden illnesses and other accidents, the timely provision of specialized medical care to in-patients with impaired cardiac, gastro-intestinal tract, endocrine disorders and nephrological, rheumatological profile, obstetric and

gynecological care." - Healthcare Institution 1-st Municipal Clinical Hospital 220013, Belarus, Minsk, Nezovisimosti ave., 64.

> *"I'm a trained general practitioner, and, above all as a doctor, I could no longer tolerate this approach contemptuous to health and human beings, as it is in stark contrast to the professional understanding and ethics of all of us. This permanent fear or panic mongering, the resulting psychological and social damage to be expected, the gigantic medical and economic collateral damage, and last but not least, the massive interventions in all our cultural lives and cohabitation, are, in my opinion as a holistically oriented physician, reason and motivation enough to stand up and fight this insanity." - Prof. Haditsch, ACU, the Corona Extra-Parliamentary Inquiry Committee, Germany, July 2020*

Covid Killed off the Flu Influenza Cases Nosedive by 98% Across the Globe

"In the Southern Hemisphere, where the flu season happens during our summer months, the WHO data suggests it never took off at all.

In Australia, just 14 positive flu cases were recorded in April, compared with 367 during the same month in 2019 – a 96% drop. By June, usually the peak of its flu season, there were none. Australia has not reported a positive case to the WHO since July.

In Chile, just 12 cases of flu were detected between April and October. There were nearly 7,000 during the same period in 2019.

South Africa, surveillance tests picked up just 2 cases at the beginning of the season, which quickly dropped to zero over the following month – overall, a 99% drop compared with the previous year." - in "The Daily Mail", 24 October 2020.

The Predicted Pandemic with Millions of Deaths

"At the beginning of the pandemic, the measures were understandable and widely supported, even if there were differences in implementation in the countries around us.

The WHO originally reported in March that the death rate among the registered covid-19 cases was 3.4%.

Millions of deaths were thus foreseen, and an extremely contagious virus for which no treatment or vaccine was available. This would put unprecedented pressure on the intensive care units (ICUs) of our hospitals.

This led to a global alarm situation, never seen in the history of mankind: "flatten the curve" was represented by a lockdown that shut down the entire society and economy and quarantined healthy people. Social distancing became the new normal in anticipation of a rescue vaccine.

The facts about covid-19

Mortality turned out to be many times lower than expected and close to that of a normal seasonal flu (0.1-0.5%). Gradually, the alarm bell was sounded from many sources: the objective facts showed a completely different reality. **The course of covid-19 followed the course of a normal wave of infection similar to a flu season.**" - in "Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media", Docs4opendebate.be, 5 September 2020.

Anything is Covid19

"What are the most common symptoms of Covid: fever, cough, shortness of breath, it's also common to have body aches.

Covid-19 is sometimes more than just a respiratory disease, or sometimes not a respiratory disease at all. It can mimic just about any illness. Sometimes it looks like a common cold, sometimes it looks like influenza, sometimes it looks like a stomach bug with belly pain diarrhoea, maybe some nausea vomiting, loss of appetite it can cause pink eye, loss of taste and smell, sometimes even whole body rashes or areas of swelling and redness of the skin in just a few spots. It's also kidney damage, heart damage.

Severe disease is causing blood clots to form in a lot of patients, when blood clots are found in the lungs they're called pulmonary emboli, some Covid patients have presented with a stroke as a result of having blood clots in their brain.

Covid has also presented in other ways sometimes with seizures also Guillain-Barre Syndrome this makes it incredibly difficult to diagnose and even harder to treat **this disease can present in so many ways, there's never been a disease in the history of mankind that's presented in so many different ways.**" - Dr Mike Hansen, MD, in "What Doctors Are Learning From Autopsy Findings of COVID Patients", 6 May 2020.

Stroke Statistics

"In 2018, **1 in every 6 deaths from cardiovascular disease was due to stroke.**

Someone in the United States has a stroke every 40 seconds. Every 4 minutes, someone dies of stroke.

Every year, more than 795,000 people in the United States have a stroke. About 87% of all strokes are ischemic strokes, in which blood flow to the brain is blocked. Stroke is a leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors age 65 and over." - in "Stroke Facts", CDC, 8 September 2020.

"The exact cause of Guillain-Barre syndrome is unknown. ***But 2/3 of patients report symptoms of an infection in the 6 weeks***

preceding. These include respiratory or a gastrointestinal infection or Zika virus. *" - in "Guillain-Barre syndrome", Mayo Clinic, 2021.*

UK Government Confirms Covid19 Harmless to 99% of the Population

"The great majority of people will not die from this. Most people, a significant portion of people will not get at all at any point **in the epidemic which is going to go on for a long period of time.**

Of those who do, some of them will get the virus without even knowing it, they will have the virus with no symptoms at all asymptomatic carriage.

Of those who get symptoms the great majority probably 80% will have a mild or moderate disease might be bad enough for them to have to go bed for a few days, not bad enough them to have to go to the doctor.

An unfortunate minority will have to go as far as hospital.

But the majority of those will just need oxygen and will then leave Hospital, and then a minority of those will end up having to go to severe and critical care, and some of those sadly will die but that's a minority, **it's 1% or possibly even less than 1% overall**, and even in the highest risk group this is significantly less than 20%, **the great majority people even the very highest groups if they catch this virus will not die**." - Dr Chris Whitty, MD, UK Chief Medical Officer, with Boris Johnson, UK Prime Minister, in "Downing Street Corona Briefing", 11 May 2020.

Neither Tubercle nor the Bacillus is a Disease

"The lymphatic glands and the network of the lymph spaces, and the progress of bacteria along them were studied in this preserologic era of bacteriology, but the network of

the surface cells shared no recognition as the first and, on the whole, as the most important bulwark of defence against infection, and as such they are not studied today.

It was not long, however, before the downfall of Koch's postulates moved out of our way one obstruction to the progress of thought as to infection.

I find them quoted with derision in another old paper (New York Medical Journal, 21 September 1895) some 5 years later.

They were:

1. In every disease due to microorganisms, the offending etiologic organism is always present in that disease.
2. It was never found in man without the disease. **By this time (1895) the falsity of this statement was notorious**.
3. Inoculation with it always caused the disease, **but exceptions to this began to be noticed.**

The bacterium as an exclusive factor in the etiology of even bacterial disease seems every day less enlightened as our knowledge of the laws of nature progresses.

"What is it allows the bacteria to penetrate sometimes in some conditions and not at other times or in other conditions, which usually for long periods of time, usually in fact forever, keeps them out?"

Prudden had shown that he could produce a lesion identical with tubercle without the tubercle bacillus and helped the postulates of Koch (his old teacher), over the rim of the horizon, and a French author had said inversely, "the bacillus is not enough, we must have the characteristic lesion - the tubercle" - to make a diagnosis, and it might have been added, even having both is not enough.

Neither tubercle nor the bacillus is a disease; a disease is the reaction between them, and the animal organism in which they for the time lie, which makes the concept of tuberculosis. A bacillus and a tubercle are material facts; a diagnosis is a concept.

A man may have the tubercle and the tubercle bacillus too

in his body the whole of a long life and never have a sick day - not necessarily even a diseased imagination.

In my paper "The Difference in the Behavior of Dust from that of Bacteria in the Tonsillar Crypts", New York Medical Journal, 6 January 1906, referring on the equilibrium in the tonsillar crypt, I remarked that, "there is good presumptive evidence that pathogenic bacteria, which in a state of equilibrium are harmless habitants of the tonsillar crypts are under certain conditions absorbed through tonsillar epithelium.

The shock of a bone fracture, the nerve collapse accompanying a profuse hemorrhage, even the small shock of a nasal operation, the irritation of uric acid, the shock of cold to the surface, may apply the nerve stimulus necessary to open the portals to an infection of osteomyelitis, profound sepsis, perhaps rheumatism or a cold in the head, but man or beast does not practically acquire these affections or their like by having a laboratory practitioner blow in his throat a pure streptococcus culture. He cannot artificially produce that concatenation of circumstances which forms the practical etiology of nature."

The excitation carried thither over nerve routes, in combination with the excitation of the sympathetic nerve system elsewhere, may easily be imagined due to peripheral or internal irritation in the metabolism of the human body." - Dr Jonathan Wright, MD in "Pages from the Ancient History of Bacterial Infection Through Mucous Membranes", Annals of Otology, Rhinology & Laryngology, March 1928.

> *"All workers in science must recognize the danger of speculation. It is that of drifting out of the known and knowable into the quicksands of metaphysics, and erecting thereon hypotheses which, for a time, resist the demonstration of facts and blind us as to their significance. It only requires a slight acquaintance with medical history to reveal to us the frequency with which medical science has been led astray and into extravagances by*

prematurely adapting to its exigencies the general ideas of scientific speculation. The inductive method as an exclusive method in science is absurd. We must go back to the fundamental attributes of atoms and molecules for an understanding of many of the phenomena of immunity." - Dr Jonathan Wright, MD in "The Primordial Forces Exerted Against the Penetration of Bacteria Beneath the Surface of the Body", New York Medical Journal, 20 January 1906

The Rate of Mortality from Pneumonia

"Notwithstanding the phenomenal progress of medical science during the last two decades, recent statistics inform us that the rate of mortality from pneumonia is slowly but quite perceptibly rising.

Why should this be so? Every physician should carefully study this question and do all in his power to solve the problem.

The writer has given some thought to the subject for the last 15 years and offers a few suggestions:

First, there are many more cases of pneumonia than formerly.

This is possible, because the people of the present time indulge in habits which break down our bodily defences far more than the people of the previous generation.

Overeating is one of our national sins.

Not only do the majority of the American people partake of 3 "square meals" each day, but very many of them often indulge in banquets in the night, at which rich viands are served, consisting of many courses, which greatly overwork the digestive organs, requiring all of the reserve energy of the body to digest the excess of food and eliminate it from the body.

This gluttony also overtaxes the excretory organs, fills the blood with waste materials, producing an autotoxemia

which makes the gourmand an easy victim to any disease.

A second factor is the sedentary habits of many professional people.

They take very little exercise beyond what is necessary to ride from residence to office and back to residence again, and to sit in an upholstered chair.

A third factor in the causation of the high mortality rate, in the writer's opinion, is that we, as physicians, do not administer or recommend the treatment that will promptly correct the unbalanced condition of the circulation until red hepatization is fully established.

We are far too apt to write a prescription for some medicine, tell the friends to get it filled at the drug store, say we will call again next day and depend upon the medicine to do the work. This is so much easier and so much more dignified than what follows.

How then may we correct the unbalanced condition of the circulation while there is still a chance to avoid red hepatization?

First place the patient in a hot, full bath at about 99° F., and gradually raise the temperature to 104° F. or 105° F.

Keep him there till the skin is red and the superficial blood vessels are dilated and filled with blood.

This will relieve the congestion of the lungs and other internal organs.

Then put him in a warm bed and place hot-water bottles to sides, thighs, legs and feet, and an ice bag filled with crushed ice to each side of the thorax below axillae, and an ice-cold compress over chest in front covered with several thicknesses of flannel, and cover the patient up well in blan1cets.

These cold applications should be kept cold by frequent changing. By these measures the congestion in the thorax will be very soon relieved, the pain wilt be gone and the patient saved from a dangerous attack of pneumonia.

While this method is being followed, for quick relief other means may also be applied.

The bowels should have attention, the proper evacuant administered and a sedative to the heart if necessary; but if

the above treatment has been skillfully given no aconite will be necessary in most cases.

If full bath conveniences are not at hand a hot blanket pack can be substituted and equally good or better results expected.

The cold applications should be adjusted as above described, while the patient is in the hot pack, also the hot-water bottles. After an hour in the pack the superficial vessels will be well dilated and the treatment suggested to follow the hot bath should be given." - Dr D. W. Reed, MD, in "Prophylaxis and Treatment of Pneumonia", The Medical Council, 1911.

Fear a Factor in Epidemic Influenza

The great four and one-half year war was responsible for the loss on the field of battle of seven million lives. Immediately following the war , the "Spanish Flu".

Prophylaxis - Obscure Channels of Infection

"So it becomes increasingly important to learn measures of prophylaxis.

"An ounce of prevention is worth a pound of cure."

How the infection is carried is not known, for a series of experiments carried on last year at Atlantic City, proved that our knowledge of this infection is still theoretical.

"Cultures of germs scraped from the throats of infected subjects as well as the direct exudations themselves were transferred to the throats of healthy individuals but nothing happened. Again the healthy individuals were permitted at the bedsides of persons at all stages of influenza; not merely to sit there, but to lean over

Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS, United States, from 1 January 2020 to 13 February 2021

Age group	All Deaths involving COVID-19 (U07.1)[1]	Deaths from All Causes	Deaths involving Pneumonia, with or without COVID-19, excluding Influenza deaths (J12.0–J18.9)[2]	Deaths involving COVID-19 and Pneumonia, excluding Influenza (U07.1 and J12.0–J18.9)[2]	All Deaths involving Influenza, with or without COVID-19 or Pneumonia (J09–J11)[3]	Deaths involving Pneumonia, Influenza, or COVID-19 (U07.1 or J09–J18.9)[4]
Under 1 year	45	19,831	218	7	21	277
1–4 years	23	3,593	124	3	60	204
5–14 years	72	5,810	170	13	75	304
15–24 years	648	37,548	803	250	81	1,277
25–34 years	2,922	77,543	2,982	1,303	235	4,819
35–44 years	7,711	111,034	6,971	3,557	356	11,446
45–54 years	21,251	204,360	18,769	10,646	772	30,031
55–64 years	54,134	473,472	50,946	28,148	1,631	78321
65–74 years	**99,019**	**730,382**	**91,258**	**51,988**	**1,904**	**139,895**
75–84 years	**128,192**	**893,259**	**113,298**	**64,018**	**1,922**	**179,134**
85 years and over	**146,217**	**1,101,937**	**115,711**	**60,041**	**1,818**	**203,486**

[1]Deaths with confirmed or presumed COVID-19, coded to ICD–10 code U07.1.

[2]Counts of deaths involving pneumonia include pneumonia deaths that also involve COVID-19 and exclude pneumonia deaths involving influenza.

[3]Counts of deaths involving influenza include deaths with pneumonia or COVID-19 also listed as a cause of death.

[4]Deaths with confirmed or presumed COVID-19, pneumonia, or influenza, coded to ICD–10 codes U07.1 or J09–18.9.

[5]Population is based on 2019 postcensal estimates from the U.S. Census Bureau.

and place their mouths close to the mouths of the infected individuals, inhaling their breath and the exhalations of sneezes and coughing. Still nothing happened. Various modifications of the experiment were devised. The virus was sprayed into the nostrils and throats, placed in contact with the eyelids, even swallowed; a filtrate made from the virus was injected hypodermically into a number of volunteers on one occasion, yet none of the persons subjected to these various attempts to give them influenza took sick in any way."

This from the Philadelphia Record:

"Something is the matter with the germ theory, or the bluejackets are tougher than the rest of us. A 'poison squad' of 100 sailors, at Gallup Island, Boston, have used influenza germs as snuff, and as seasoning for their food, and have been injected with germ cultures, but have absolutely refused to develop influenza. On the contrary, their appetite increased and they manifested more vigorous health. Of course, the experiments will be continued. Those men have got to have influenza. The germ theory must and shall be maintained."

The Farce of Wearing Masks

During the epidemic of last winter in some California towns, a person was subject to arrest if he appeared upon the streets without wearing a mask.

Undoubtedly these persons thus muffled had their resistance reduced by depriving them of the maximum of fresh air, for these masked individuals were required to breathe their own breath over and over again.

Face masks cause people to neglect other supposed paths of infection, such as soiled hands, common drinking cups, restaurant dishes, soda fountains, roller towels, infected foods, etc.

If "Flu" was disseminated by coughing and sneezing why did families on secluded farms take the disease, why did isolated lighthouse keepers and their families come down with it? If germs through "carriers" were responsible, how did it reach far northern Arctic districts?

Doubtless atmospheric conditions of which we know little are a causative factor. It is observed that the worst outbreaks usually follow a strong north-east wind.

The Ineffectiveness of Quarantine

If germs, or at least a specific germ, was not the causal factor, why quarantine? Why close public buildings? Why mask? The disease was less prevalent in New York City, where schools and theatres were allowed to remain open, than in Boston, Philadelphia and Washington, where they were closed.

The authorities saw that the churches and schools were closed and in consequence street cars were more crowded than ever and so also were the saloons.

The Influence of Proper Living

A mixed infection, a multiplicity of germs, as the staphylococci, streptococci, Pfeffer and other bacilli, and pneumococci may or may not be a causal factor.

But we wish to emphasize the importance of proper living, of personal efficiency, of a normal health co-efficient, as the effective factors in preventing and combating the disease. Dyspeptics and heavy flesh eaters were apparently very susceptible, while those who were sanitary in habits, vegetarians by choice, careful in diet, and cheerful in disposition, seemed to have escaped.

There are 2 factors in this as well as other infectious diseases: One is the invading element, the other is the element invaded.

The invading germ may be known, as in diphtheria, typhoid fever, tuberculosis; or it may be unknown, as in smallpox, measles and influenza.

The most important factor is the condition of the soil at the time of invasion, the health of the patient or his reactive powers against disease.

"The first thing to do in order to avoid disease is to become healthy and remain healthy."

Germs must have soil favourable to their growth, otherwise they will not grow.

Low Vitality Predisposes to Disease

In the great majority of cases it is not the man who is enjoying excellent health, normal circulation and good elimination that, as a rule, succumbs to the disease, but it is usually the man of low vitality, suffering local congestion, general depletion and poor circulation, caused by improper elimination and alimentation.

The tissues of this man prove a fruitful soil, a culture media for the rapid development of invading bacteria.

"Chronic Toxaemia is the basis of all chronic diseases. There is a oneness of disease in that the basis of cancer, tuberculosis, Bright's disease, is toxaemia; and toxaemia is brought on by enervation, and enervation is induced by wrong habits of living. Disease is but the effort of nature to overcome toxaemia. Acute disease is her supreme effort. To treat the fever get rid of the toxaemia."

The Cold

Keep up the fences and look to your defences.

Build up resistance. As one principal preventive of the "Flu." do not catch cold; and you will not catch cold if you keep your blood stream and your tissues clean. It is essential that one have a certain amount of exercise out of doors daily.

The chilling lowers the resistance and bacteria find a ready entrance.

A cold is caused by a chill on the surface of the body and resulting congestion of some internal organ; ordinarily the nervous system sets up a reaction and the blood is returned and caused to flow in the capillaries in the skin in even greater quantities than before; but if these same nerves are benumbed by the presence of body poisons (auto-intoxication we call it), then they will lack the power to carry stimuli and the message will not be carried and delivered to the various structures; so these structures remain congested; repeated congestions mean chronic colds and catarrhs.

A chronic cold, means that the body is poisoned, that the nerves of reaction are blunted, that the vitality of the system is lowered, the bars are let down, the defences fail; there is a germ invasion and a battle ensues.

Then either the germs are victors or they become victims of the leucocytes and phagocytes of the blood; here the invader is invaded and destroyed.

So the best preparation to meet the "Flu" is to become "cold proof," and the best way not to catch cold is to build a wall of defence around the body by cleaning out and toning up the system (the bowels are nearly always loaded), and keeping it clean.

By avoiding a cold you certainly avoid the "Flu" and many other diseases.

The group of influenza bacilli probably occasion the primary symptoms, rapidly lowering the resistance, so other bacteria readily find entrance and cause the complications of the disease; such as Pneumonia, for instance, which is responsible for the high mortality.

Food and Influenza

Influenza germs, are always with us, but the disease itself comes and goes. Why are the germs not active all the time? Why only occasionally, and why, if always present, do they affect only a part of the people?

The germs must find a suitable habitat for rapid growth.

They must have a prepared soil, in a depressed system.

They flourish in a congested mucous membrane, a depressed glandular system, and enervated body.

Vital forces must first be lowered by improper habits of living, **by gormandizing and the use of improper foods.**

Acidosis, or the uric acid state, prepares the system for colds, asthmas, catarrhs, glandular affections, pyorrhea, rheumatism, gout and colitis, and in addition to this long list of disorders we may add infective fevers including influenza, for it furnishes an open door for their entrance.

> *"Meats are the principal acid-forming foods. Vegetables, greens and fruits are the alkali-forming foods."*

Raw foods are vitalized; they contain the enzymes which are necessary for bacterial control.

Germs are organized ferments; enzymes are unorganized ferments. The vitamin has its seat in the enzymes. Perhaps the iodine, calcium and iron salts answer to the vitamins.

Cooking destroys some vitamins. The enzymes present in foods are necessary to aid in the work of cell digestion.

Fruits, are rich in enzymes, pectoses and pepsins, and so are all the succulent vegetables as celery, lettuce, beet greens, radishes, carrots and onions.

Plenty of raw food and leaf and stem vegetable salads will supply an abundance of pepsins, pectoses, enzymes, mineral salts and vitamines, and these will inhibit and destroy all bacterial growth.

Then, to destroy the "Flu" germ, to keep up the body forces, to strengthen the system's defences, eat plenty of vital foods.

Cooked or devitalized foods more readily undergo fermentation and serve us better food for the culture of bacteria.

Those who eat freely of cooked foods to the exclusion of vital foods are the ones who develop toxaemia or acidosis.

The live foods, those containing mineral salts, enzymes and vitamins, as fruits, salads and vegetables, are alkaline and develop the alkalinity of the blood and thus overcome toxaemia by neutralising the acid state - the acidosis.

The Importance of Ventilation and Hygiene

Influenza begins its ravages as we house up in the fall.

The germs do not like fresh air.

Live where the birds do, live out of doors; dose housing is a fruitful source of infection. Bring the out-of-doors into your houses by adequately ventilating your living and sleeping rooms. Sleep with your head near an open window, wear proper clothing by night and day, not too warm and not too cold. Doctor Page's belief is that influenza is principally due to an excess of clothing on an animal by nature naked. The skin is a true breathing organ and its millions of blood vessels are gasping for air, while they are often smothered under heavy clothing.

If by chance you are exposed to wet or cold, immediately dry your feet, take a hot drink and a hot bath to equalize the circulation, and thus keep well.

Drink plenty of water, avoid crowds, ventilate night and day, avoid fatigue and secure plenty of rest; especially give the stomach a little rest and time to recuperate from the previous meal.

The stomach should be empty at bedtime.

The Deleterious Effects of Fear

"There is nothing so depressing and nerve annihilating as fear. ***Fear so weakens resistance that the influenza kills.*** *Fear is a child of ignorance. Intelligence banishes fear."*

Symptoms of influenza (lightning catarrh) may sometimes develop in the susceptible - the suggestible - through mental impressions made by so much talk of the disease.

Doctors coming into a sick room should therefore instil hope and not fear into the minds of their patients, greeting them with a smile.

One physician suspects the psychological factor the direct cause of a great many cases treated.

Some of them had a depressing fear of the disease and when they got it they simply quit and said:

"No use, I am gone and you or any one else can't save me."

To some of this class the physician told them they did not have the "Flu," just a severe cold, and they got along fine.

After they were well he did tell them they had the "Flu", and they said:

"If I had known that I would have died".

The coloured population of the South are optimistic. They are improvident but content. They have no worries, no cares, no fears. The white man has a habit of borrowing trouble.

He worries, he frets, he fears, and the "Flu" "gets him." The death rate from influenza was higher among the white than among the coloured race. **Imagination alone may kill.**

Cast's of such are on record. Good cheer never kills. Cultivate it and enjoy life. Have fun and laugh. Keep smiling and smiles will return to you with interest. Seek the association of those who are congenial. **Fear nothing. Fear is a curse.** "Perfect love casteth out fear." When we are well we fear we will get sick. When sick we fear we will die.

Live according to the law; live the healthful and radiant life and you will have no reason to fear.

Treatment

When you get the "Flu" take a hot bath; take a warm Enema; take a dose of Epsom salts or one-half glass of citrate of magnesia to clean the bowels. Avoid heavy food for a few days. Drink plenty of fruit juices and water.

Go to bed, apply heat to the feet, ventilate well.

Keep warm, maintain a good circulation in the skin and extremities to prevent internal congestion.

This is accomplished by means of the hot bath or the full hot blanket pack and drinks of hot lemonade, partaken freely, followed by a witch-hazel rub to prevent chilling, for chilling leads to Pneumonia.

In some institutions where Hydrotherapy was carefully and scientifically applied the mortality was less than 1%.

In uncomplicated eases fever usually terminates on the third day; therefore it is sometimes called a "3 day fever."

Stay in bed, after the fever falls, for 3 days, subsisting upon a very light diet of fruit, etc.

Stay there until you are strong. Take plenty of time for convalescence. Never try to wear out the disease.

Unless you take good care of yourself after an attack of influenza, there may be danger of reactivating old infections, such as tuberculosis. Oxygen vapour, passed through essential oils, as eucalyptol and pine-needle oils, producing a terpine peroxide, is splendid as an inhalent. These oils can also be inhaled by vaporizing or 1 drop or 2 on taken several times a day. The terpine peroxide increases the hemoglobin of the blood, which adds to resistance.

Where pneumonic symptoms develop, make use of a camphorated turpentine stupe over the chest, covered with a fomentation. Precipitated sulphur, vaporized and sprayed in the nostrils, is excellent in coryza and "Flu."

Another method suggested, which we have not had an opportunity to try, is inhaling the fumes of burnt sulphur.

The method of employing it is to place a pinch of common sulphur on a hot stove and inhale the vapour." - Dr A. W. Herr, MD in "Medical Council", January 1920.

"I spent most of my professional career as a General Practitioner in my hometown of Derry. What has happened from early last March 2020 has affected everybody in society. And certainly it's made enormous changes to my life. I was working as a General Practitioner and I left there to go into politics. I was elected as a Counsellor, but I had to resign my post as a Counsellor because ***I***

saw that Derry & Strabane District Council were implementing rules guidelines laws implementing policies which were directly harming the people that we were tasked to try and make their lives better. As a doctor I went back to work because of the "supposed emergency", and as a doctor i saw first-hand not people sick or dying of respiratory viruses, but people push to despair, people pushed to conflict within their families, people pushed to drug and alcohol misuse, people pushed to the brink of suicidality because of the government policies, not because of any disease but because of the way that their lives were being distorted by this narrative." *- Dr Anne McCloskey, MD in "VOICES Anne McCloskey", Youtube, 30 January 2021.*

"Malnutrition is common in renal failure patients and is associated with increased morbidity and mortality. In Continuous Ambulatory Peritoneal Dialysis (CAPD) patients, dialysis adequacy is important for satisfactory nutrition. Persistent acidosis is a major factor of malnutrition in renal failure patients." *- Teresa Yuk-Hwa Wong, et al., in "Oral Sodium Bicarbonate for the Treatment of Metabolic Acidosis in Peritoneal Dialysis Patients", J. Am. Soc. Nephrol., 2003.*

The Much Discussed Influenza

"We know that most of those who succumbed did so because of the toxic action of an agent whose form and habitat has hitherto eluded our vigils.

We know also that pulmonitis was a concomitant factor in most, if not all, who failed to recover.

We know, moreover, that some variety of micro-organism which causes pulmonitis is omnipresent in the air-passages, especially in the nose, the epipharynx and the paranasal antra.

The fact that not all of us are victims of pulmonitis of some form or another must be ascribed to the beneficent influence of vis medicatrix (the healing power), who, by means of the bactericidal power of a healthy mucosa is able to overcome the attempted pernicious activity of the battling foe. It is consequently of paramount importance that the mucosa of the upper air passages be kept in a healthy condition.

Developing Immunity and Treatment

After all, is it not best that a few, say, a selected few, micro-organisms should enter the nasal cavities?

When the mucosa is invaded by pathogenic bacteria the toxins produced by such pathogenic bacteria stimulate the mucosa to the formation of specific antitoxins which are capable of neutralizing the deleterious activity of the bacterial toxins, provided always that the mucosa in question is in a healthy condition and provided further that the body as a whole is healthy.

Thus gradually the body is rendered immune toward such bacteria. This being the case, there is but one rational treatment against influenza - timely provision for a healthy mucosa, for a healthy body.

The first objective symptoms, as far as my individual observations are concerned, were hyperemia of the mucosa of the nose and throat, followed within a short time by a stuffiness of the head, a chilliness, especially along the spine.

This was the time to institute proper proceedings, put the patient to bed, cleanse the nasal cavities with a warm 0.9%, saline douche, followed by an Enema, then a Hot General Bath, and aconite to equalize the circulation, if necessary. Usually within 48 hours the patient has fully recovered." - Dr F. A. Grafe, MD, in "The Medical Council", February 1920.

"How much longer, will medical men expend brain and labour, and waste pen ink, and paper, in looking for a thing, which is no thing at all, and in trying to find a seat for a disease which has no localized existence?" *- Dr Russel Thacker Trall, MD in "The True Healing Art", 1862.*

The Origin and Nature of Disease

"**In entering on the study of the Origin and Nature of Disease, where half truths are frequently as dangerous as whole errors, and more difficult to get rid of, this ought constantly to be kept in mind.**

In the so-called zymotic maladies (acute infectious diseases), with their complex processes and products, the subject of Contagion - its nature and diffusion - meets us on the threshold.

The questions which it raises may naturally seem vague and uninviting; but passing in review their present aspects, perhaps there may be something met with which is not only interesting in itself, but instructive in the lessons which it teaches.

To begin with, the new school of pathology tells us that the mysteries which so obscured the subject are now perfectly disposed of; that the agent, active and efficient, has been found; the morbid germ exists!

We know it does, and of many kinds and cultures.

Still, may not this be an incidental fact in bio-chemics - something kindred to that of Nature's abhorrence of a vacuum in physics?

But the morbid fact admitted - and no one now denies it - are its votaries warranted in constructing on such slender bases universal theories and systems, bio-chemical, pathological, therapeutic, and prophylactic, material no doubt precious for the pages of our modern medical romance, but little calculated to withstand the test of a scientific criticism worthy of the name?

From our present state of knowledge it is impossible to say in what Contagion essentially consists, or what the intimate nature of the action which it exerts on the organic elements which it infects may be.

Chemists, when referring in general terms to acts of fermentation, speak of certain processes in a language too vague for scientific purposes, but which sufficiently indicate that forces lie beyond the range of their detection, and for which there is no name.

In this imperfectly examined field of chemical dynamics we are supposed to have the clue to the disclosure of this scientific puzzle: and this is more than probable, for, in their special field, pathologists have recognized the fact that certain morbid elements of contagious character are intimately related to common ferments and ferments of putrefaction. **Bacteria are found as uniformly accompanying some general and local morbid conditions as they are those putrefactive and fermentive**; so that the general question as to the significance of this co-existence again calls forcibly for explanation.

Are the organic forms associated with such morbid processes the sole cause or inciters of those conditions? or are they merely the concomitant products of such morbid processes initiated in their absence and, so to say, independent of them?

The former view is maintained by those who so regard bacteria, and their allied forms, as the contagious elements of communicable diseases." - Dr A. M. Brown, MD, in "The Origin of Contagia: in relation to prevailing theoretic views and scientific applications", 1884.

These are the U.S. States Without Mask Mandates

The following U.S. States never issued mandates requiring the wearing of masks state wide during the Covid-19 so-called Pandemic 2020-2021:

1. Alaska
2. Arizona
3. Florida
4. Georgia
5. Idaho
6. Mississippi
7. Nebraska
8. Oklahoma
9. South Carolina
10. South Dakota
11. Tennessee

Mask Wearing in "Pandemics"

"Oxygen is the greatest source of health and its lack the root of all disease. Oxygen deficiency is the difference between being healthy or not." *- Dr Shizuo Inoue, MD, President of the Japanese Oxygen Association, has researched the functions of oxygen movement in the human body for 38 years, wrote the book "Aerobic Respiration Exercise and Health", 1990.*

Carbonic Acid Gas

Carbonic acid gas is formed in i very large quantities by decaying vegetable matter. Living vegetables also, give it off during the night; but consume it during the day.

Much the greatest source of it, however, is animal respiration and perspiration.

Hence; crowded assemblies in hospitals, prisons, etc., rapidly consume the oxygen of the air, and produce carbonic acid gas, and consequently, if such places are not well ventilated, the air will soon become impure: causing difficulty of breathing, vertigo, or dizziness of the head, nausea, faintness, trembling, relaxation of the voluntary muscles, slow and feeble pulse, spasms, asphyxia, and death. In this manner the lives of many have been

destroyed; but a vastly greater number have been cut off by plagues, and typhus and other fevers, **brought on or excessively aggravated by impure air.**

And it is principally owing to the effect which a dense population has on the atmosphere, and to the want of proper ventilation, that cities are less healthy than the country." - Sylvester Graham, in "On Air", The Journal of Health, 1852.

Study Finds Masks Hurt Schoolchildren Physically, Psychologically and Behaviourally

"The health issues and impairments observed in this study were found to affect 68% of masked children who are forced to wear a face covering for an average of 4.5 hours (270 minutes) per day. Impairments caused by wearing the mask were reported by 68% of the parents; a total of 17,854 health complaints submitted by parents.

Health issues found:

60% Irritability
53% Headache
50% Difficulty concentrating
49% Less happiness
44% Reluctance to go to school/kindergarten
42% Malaise
38% Impaired learning
37% Drowsiness or fatigue
30% Experience more sleep issues than previously
29.7% Experienced shortness of breath
26.4% Experienced dizziness
25% Developed new fears
22.7% Dry neck

17.9% Unwillingness to move or play
17.1% Itching in the nose
16.6% Nausea
14.7% Feeling of weakness
13.5% Abdominal Pain
12.2% Accelerated respiration
9.7% Disease feeling
8% Tightness in chest
2.2% Short-term impairment of consciousness/fainting." in "Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children", Research Square, 5 January 2021.

Face Masks & Related Health Risks

"The department said while graphene was reported to have "antiviral" and "antibacterial properties", research showed it had "some potential" **to cause early lung toxicity in animals when inhaled.**

> ***"The potential for people to inhale graphene particles from face masks and related health risks are not yet known."*** *- Health Canada*

Face Masks containing both graphene or biomass graphene, are being removed from the market." - in "Canada recalls Face Masks containing graphene until it assesses safety", Sky News Australia, 4 April 2021.

The Vaccine Task Force

"UN Chief Calls on Rich Nations to Implement Global Vaccine Task Force." - in Voa News, 17 February 2021.

Objectives of the Taskforce

The Vaccine Taskforce (VTF) was set up to drive forward the development and production of a coronavirus vaccine as quickly as possible, bringing together government, academia and industry.

The Taskforce was asked to deliver 3 objectives:

1. Secure access to promising vaccine/s for the UK population
2. Make provision for international distribution of vaccines
3. Support industrial strategy by establishing a long-term vaccine strategy plan to prepare the UK for future pandemics

The VTF is a team within the Department for Business, Energy and Industrial Strategy (BEIS) consisting of a mix of civil servants, military, external secondees from industry, and contractors.

This is to make sure that the Taskforce has access to the deep, specialist expertise in vaccine preclinical and clinical development, regulatory issues, manufacturing and project management necessary to deliver its objectives. As at November 2020, the VTF has just under 200 staff.

"The Vaccine Task Force was set up to identify and buy vaccines. Can you explain exactly what your job is now having done that.

Why does it seem like you're going to be here perhaps even in perpetuity?

"It was set up to procure vaccines which we did last year. I took over from Kate Bingham who did a tremendous job, and thought, well I am just going to help soft land all the vaccines, now get them there ready for the public to have in their arms.

And then, these variants started emerging and although they're not dangerous at the moment they are a threat, they're an emerging threat, *and therefore I was asked to work with the task force again,* ***and re-energize it to look to see how we treat those variants*** *and there's plenty of scope to do.* ***We expect to move from being a task force to being normal business at some point, where it's just what the health system does."*** *- Clive Dix, chair of the Vaccines Taskforce, in "Vaccine Taskforce boss "optimistic" on two jabs being available by August", Sky News, 16 February 2021.*

Clive Dix

Clive Dix is CEO of C4X Discovery, a pioneering drug discovery company. Clive was co-founder and Chief Executive of Convergence Pharmaceuticals Ltd, which was acquired by Biogen in January 2015. Clive was previously Co-Founder and Chief Executive of PowderMed Ltd, a vaccines development company acquired by Pfizer in November 2006. Before that he was Senior Vice President, research and development and a Board member of PowderJect Pharmaceuticals plc until its acquisition by Chiron Vaccines in 2003. Clive began his career in industry at Ciba-Geigy and then GlaxoWellcome, where he left as UK research director in 2001.

Kate Bingham

Kate Bingham, a venture capitalist with ties to the Medical Trade and the Pharmaceutical Industry, for more than 26 years. Kate Bingham is the wife of Jesse Norman Financial, The Secretary to the Treasury.

Kate Bingham was appointed Chair of the UK's Vaccine Taskforce, a group set up by the UK Government Chief Scientific Adviser Patrick Vallance, Deputy Chief Medical Officer Jonathan Van-Tam, Business Secretary Alok Sharma, and Health Secretary Matt Hancock to lead UK efforts to find and manufacture a COVID-19 vaccine.

All those who have set up, and those who have been placed in the "Vaccine Taskforce", have strong links to multinational Corporate Finance Institutions, the Medical Trade and the Pharmaceutical Industrial Complex.

"Kate is temporarily stepping back from her full time role as Managing Partner at SV Health Investors, a leading international life sciences venture capital firm to take on this role as Chair of the Taskforce.

At SV she is responsible for biotech investments and activities in the UK and serves or has served on the boards of companies in the UK, US, Ireland, Sweden and Germany.

Her investments include small-molecule drug discovery and development projects, biotherapeutic development projects, and drug discovery platforms in a broad range of clinical areas.

Kate played a leading role in setting up the UK's Dementia Discovery Fund (DDF) and serves on the DDF Investment Committee. The DDF was created by 6 leading pharmaceutical companies (Biogen, GSK, Johnson & Johnson, Eli Lilly, Pfizer, Takeda)." - in "Kate Bingham appointed Chair of UK Vaccine Taskforce", Pharma field, 18 May 2020.

Third Shot May be Needed to Combat New Coronavirus Variants

"A third dose of coronavirus vaccine may be needed to prevent serious cases of new variants of the disease." Bill Gates, comments come amid to the growing concern that current vaccines are less effective against the South African and Brazilian variants." - in "Third shot may be needed to combat new coronavirus variants, Bill Gates says", CBS News, 17 February 2021.

Pan-Virus Vaccines

"The next pathogen to emerge might be less accommodating. A vaccine could take much longer to make.

Even **SARS-CoV-2 could be becoming more problematic for vaccines, because of the emergence of new variants.**

We call for an alternative approach to pandemic preparedness.

A special class of protective antibodies called broadly neutralizing antibodies "Pan-virus vaccines" **acts against many different strains of related virus - for example, of HIV, Influenza or Coronavirus.**

Such antibodies could be used as first-line drugs to prevent or treat viruses in a given family, including new lineages or **strains that have not yet emerged.**

More importantly, **they could be used to design vaccines against many members of a given family of viruses.**" - Dennis R. Burton, in "**Variant-proof vaccines - invest now for the next pandemic"**, Nature, 8 February 2021.

Competing Financial Interests

Dennis R. Burton is a consultant for the **International AIDS Vaccine Initiative (IAVI) on AIDS vaccine work involving broadly neutralizing antibodies to HIV**, some of which are licensed.

Is on the science advisory board for Adimab, which has formed the company Adagio to make neutralizing antibodies to SARS-CoV-2, including pan-SARS-CoV-2 antibodies; is a founder and consultant for Mabloc, a company that is looking to make neutralizing antibodies to flaviviruses in particular, but also SARS-CoV-2 and coronaviruses.

Vaccination Hesitancy And Assessed Impact On Immunisation Uptake

"Financial incentive-based Intervention: Financial compensation in exchange for free vaccination.

Non-financial incentive-based Intervention: Provision of food or other goods to encourage vaccination.

Theme categories for PICO questions:

i) Dialogue-based, which included the involvement of religious or traditional leaders, social mobilisation, social media, mass media, and communication or information-based tools for health care workers;

ii) Incentive-based (non-financial), which included the provision of food or other goods to encourage vaccination, and;

iii) Reminder/recall-based, including telephone call/letter to remind the target population about vaccination.

The authors would also like to thank Dr Gian Luca DiTanna and Dr Pauline Paterson of the **London School of Hygiene and Tropical Medicine** for their assistance.", in "WHO SAGE working group dealing with vaccine hesitancy", WHO, October 2014.

Covid-19 Vaccines: Ethical, Legal, Practical Considerations

"7.3 with respect to ensuring high vaccine uptake:

7.3.1 ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;

7.3.2 ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated." - in "Resolution 2361 (2021)", European Union, Text adopted by the Assembly on 27 January 2021 (5th Sitting).

> ***"Is it faintly possible the missing 1,000 people who would normally have died of Flu and Pneumonia are the ones who succumbed to COVID when it first arrived? Or might the fact that in the past 30 years Britain has reduced the number of hospital beds from 300,000 to 140,000, while adding 10 Million to its population, shed some light on the situation? Sweden, the poster nation for personal freedom during the pandemic, has recorded a 2020 death rate that has not been matched in its history since 2015."*** *- Steve Waterson, in "Covid made far worse by our weak politicians", The Australian, 26 February 2021.*

The Virus Transmission Farce in Argentina

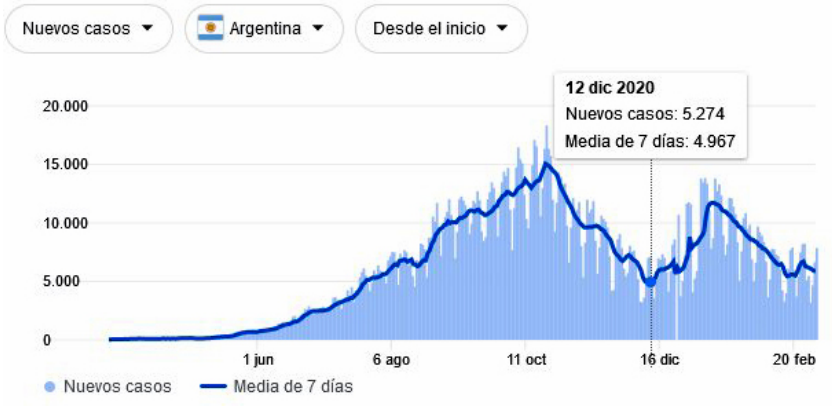
On the 26 of November 2020 was the funeral of Diego Maradona, the famous Argentina football player.

In the following days after the announcement of his death the concentrations in Buenos Aires where massive and chaotic.

> *"The footie legend's coffin was set to be on display for public viewing for a 3 day period, so fans could pay their respects to the national treasure." - in "The Sun", 27 November 2020.*

> ***"Maradona's funeral provokes conflict in Argentina. Thousands of people accompanied Diego's inert body from his death to his burial in the Bella Vista cemetery.** His last goodbye, was marked by the chaos and riots that occurred in the Casa Rosada. **The protocols against the Covid-19 pandemic were non-existent."** - in "Maradona's funeral: Chaos, riots and outrage to Diego's corpse", 28 November 2020.*

16 days after the funeral, there was a decrease in new cases, it was actually registered a new low in cases.



The Human Papillomavirus Farce

"What we know, is that, if you look at all the women who get an Human Papillomavirus (HPV) infection, approximately 70% of those are going to clear that infection all by themselves within the first year, with no help from anybody, you don't have to detect it, you don't have to make it go away, it's going to do it, the body is going to take over, and do it.

Within 2 years about 90% of all of those HPV infections are going to clear all by themselves.

Now by 3 years you've got 10% of that original group of women that have HPV infections that are left, and by 3 years half of those infections have progressed into what we call a CIN 2-3 lesion or a precancerous lesion so approximately 5% of HPV infections are going to go into a precancerous lesion.

So, now you have that small group of women who have precancerous lesions, and now let's look at that moving into invasive carcinoma, what we know then is that amongst women with CIN 3 lesions. So that's a little bit more severe than the other group, it takes 5 years for about 20% of them to become invasive carcinomas.

That's a pretty slow process, it takes about 30 years for 40% of them to become invasive cervical carcinomas." - Dr Diane Harper, MD in "One more girl", 2013.

> ***"Many HPV infections cause no symptoms and 90% resolve spontaneously within 2 years."*** *- in "Human papillomavirus (HPV) and cervical cancer", WHO, 5 August 2016.*

The first HPV vaccine became available in 2006. As of 2017, 71 countries include it in their routine vaccinations, at least for girls. It is on the World Health Organization's List of Essential Medicines.

> ***"Medical history is after all nothing but natural history, and various diseases represent results only of life histories of bacteria****, when we consider the question of conditions fundamentally and as a whole." - Dr Roberts T. Morris, MD, in "Microbes and Men", 1915.*

Toxic Shock Syndrome

"Toxic Shock Syndrome (TSS) was originally described as a disease entity in 1978, when the condition was reported in 7 children from age 8 to 17 years.

Symptoms of Toxic Shock Syndrome:

1. High fever.
2. Headache.
3. Sore throat (pharyngitis).
4. Inflammation of the whites of the eyes (conjunctivitis).
5. Muscle aches and pain (myalgia).
6. And/or certain digestive symptoms, nausea, vomiting, profuse watery. diarrhoea.
7. Listlessness.
8. Dizziness.
9. Confusion, and/or disorientation.

10. A characteristic "sunburn-like" skin rash typically develops within a few hours of onset, with later scaling and peeling (desquamation) of skin.

11. In severe cases, blood pressure may fall dangerously low (hypotension), with an inadequate blood supply to body tissues (shock).

12. Additional complications may include kidney and/or liver failure, heart dysfunction, adult respiratory distress syndrome, and/or other abnormalities. Adult respiratory distress syndrome is characterized by shortness of breath (dyspnea), abnormally rapid breathing, and insufficient levels of oxygen in the circulating blood.

Symptoms of the following disorders may be similar to those of Toxic Shock Syndrome (TSS)

Comparisons may be useful for a differential diagnosis:

1. Streptococcal Toxic Shock Syndrome may be characterized by TSS-like symptoms and findings, the sudden onset of shock, and impairment of various organ systems due to infection with certain toxin-secreting strains of streptococcus bacteria (group A beta-hemolytic streptococci).

2. Scarlet Fever is an infectious disease of childhood usually caused by certain toxin-secreting strains of streptococci bacteria (group A beta-hemolytic streptococci).

3. Kawasaki Disease is a rare inflammatory disease of unknown cause that most commonly affects infants and young children.

4. The Ehrlichioses are rare infectious diseases caused by bacteria in the Ehrlichia family, 3 forms of Human Ehrlichial infection have been identified, including Human Granulocytic Ehrlichiosis (HGE), Human Monocytic Ehrlichiosis (HME), and Sennetsu Fever. **The bacteria that cause HGE and HME are carried and transmitted by certain ticks.**

5. Leptospirosis is a group of infectious diseases caused by bacterial organisms known as spirochetes (Leptospira),

which are transmitted in the urine of certain domestic and wild animals, including dogs, raccoons, and rats.

The diagnosis of Toxic Shock Syndrome (TSS) has been defined by the Centers for Disease Control (CDC) clinical and laboratory criteria. Other infectious diseases or inflammatory syndromes may potentially cause certain symptoms and findings similar to those associated with Toxic Shock Syndrome." - in "National Organization for Rare Disorders", (NORD), March 2021.

Paediatric Inflammatory Multisystem Syndrome (PIMS)

> ***"Since the first reports from London UK, in late April, 2020, many countries have reported children presenting severely unwell with features of substantial inflammation temporally related to the COVID-19 pandemic."*** *- in "The Lancet, Child & Adolescent Health", 1 February 2021.*

"This pathology is directly related to Covid-19 and mostly affects children and adolescents. It is characterized by inflammatory shock, cardiac involvement, continuous gastrointestinal upset (abdominal pain, nausea and vomiting), and fever for several days." - in "Concepción: child death confirmed by PIMS, illness related to Covid-19", TVU, 23 March 2021.

"Paediatric Inflammatory Multisystem Syndrome (PIMS) is a new condition that happens weeks after someone has had the virus that causes coronavirus (COVID-19).

How is PIMS diagnosed? You may already have had nose and throat swabs to confirm you had COVID-19 but PIMS seems to develop after the virus is infectious. The doctors need to rule out other more common conditions that cause similar symptoms – this includes things like **Kawasaki Disease, Sepsis and Toxic Shock Syndrome.**

What are the symptoms of PIMS? The main symptom of PIMS is a high temperature that lasts for a few days.

You might also have other symptoms such as:

1. A rash.
2. Tiredness and weakness.
3. Tummy pain or cramps.
4. Red and cracked lips.
5. Swollen hands and feet.
6. Peeling skin on your hands and feet.
7. Headache.
8. Red eyes.
9. Muscle aches and pains.
10. Diarrhoea and vomiting.
11. Swollen neck glands.
12. Unexplained irritability."

- in "Great Ormond Street Hospital for Children", NHS Foundation Trust, November 2020.

The Yellow Fever Virus Farce

Yellow Fever is a state of Jaundice, in an individual who is afflicted by fever. In other words: Any individual with an unhealthy state of his liver, being at the same time afflicted by fever, will inevitably lead to Yellow Fever, for the sake of the constitution, of the individual appearance and the state of his gastrointestinal disarray, in the causation of the fever.

"Stimson in 1907 which showed that death was due not to Yellow Fever but to Leptospiral Jaundice (Weil's disease, most frequently attributed to hemolysis and intrahepatic biliary obstruction). It is thus obvious that in New Orleans in 1905 and in Guayaquil in 1919 cases of leptospiral jaundice were regarded as typical examples of yellow fever." - in "Yellow Fever and Leptospiral Jaundice", The Lancet, 27 April 1940.

"Beeuwkes (1936) regards albuminuria as probably the most striking feature of yellow fever. More recently Duff

(1941) has referred to this symptom. During 1941, 31 specimens of liver were received for investigation for yellow fever, in the majority of instances from patients who had suffered from unexplained jaundice. Clinical and histological notes are recorded of 14 cases clinically suggestive of yellow fever. In 6 of the cases the histological findings were considered to be those of subacute necrosis." - E. C. Smith, "Hepatic Findings Excluding Yellow Fever in Fourteen Cases of Jaundice in West Africa", Annals of Tropical Medicine & Parasitology, 1942.

"In the spring of 1928 the accumulated evidence concerning the etiology of yellow fever presented seeming discrepancies which suggested that more than one independent disease had been investigated as yellow fever. To help overcome this confusion the International Health Division of the Rockefeller Foundation undertook to bring together in one laboratory the yellow fever viruses of West Africa and South America and to determine their relationship, The study was begun in June 1928, at The Rockefeller Institute for Medical Research.

The yellow fever now in South America, the present yellow fever of Africa and the historic yellow fever of Panama and other American countries are the same disease. This conclusion is based on cross immunity tests in monkeys with strains of yellow fever virus from Africa and Brazil and on tests of sera from 25 persons, who had recovered from yellow fever in various places and at various times, for the power to protect monkeys against African or Brazilian virus strains. Cases of leptospiral jaundice (Well's disease) were present among those diagnosed as yellow fever in the recent epidemic in Rio de Janeiro. The isolation of leptospirae by Nogrchi and other investigators from the blood of occasional patients in past epidemics of yellow fever in a number of American countries indicates that leptospiral jaundice was present then as well and was diagnosed clinically as yellow fever." - in "The Relationship of Yellow Fever of the Western

Hemisphere to that of Africa and to Leptospiral Jaundice", Journal of Experimental Medicine, March 1930.

The question arises: **How do you see a "virus", when "viruses", can only be seen by Electron Microscopes, and the first Electron Microscope (EM) was produced in 1938.**

"The electron microscope is an extremely expensive and complicated instrument that only research institutes or universities may have." - in "**Can You See Viruses Under a Microscope?**", Rs' Science, 2021.

"At the University of Toronto in Canada, Cecil Hall, James Hillier, and Albert Prebus, working under the direction of **Eli Burton, produced an advanced 1938 Toronto Model electron microscope that would later become the basis for Radio Corporation of America's Model B, the first commercial electron microscope in North America. Ruska at Siemens in Germany produced the first commercial electron microscope in the world in 1938."** - Tim Palucka, in "Early History of Electron Microscopy: 1931 to 1960", Dibner Institute for the History of Science and Technology, 10 December 2002.

Genetic Capacity of the Gut Microbiome Dwarfs That of the Human Host

"In 1,267 faecal samples were sampled and examined using shotgun metagenomics. So looking at all of the microbes and all of the genes encoded by the microbiome in those 1,267 samples. **And what staggering is, 9,879,896 microbial genes, almost 10 Million were found just across those 1,267 individual faecal samples. We're at a watershed moment in Human Biology. We've just discovered that we have this ancillary microbial genome, that really influences our health, that shapes how our cells work, and influences our health status. Whether the small molecules**

produced by an altered Gut Microbiome, could hold the secret to the response to the viral infection? What happens in the animals that receive the live Lactobacillus Johnsonii. Now, we see 2 days after the viral infection in the airways this immense capacity to produce a whole range of amino acids, peptides, but in particular lipids, and when we saw this list of lipids, we got super excited. **Because in this list of lipids, are a whole range of things like polyunsaturated fatty acids, that we know dial down inflammation.** And so; that suggested to us that, **when we alter the Gut Microbiome of these mice, we change the metabolic output not just of what's in the gut, but what's in the circulation of these animals, and that that's what leads to the protection against the viral infection in the airway."** - Susan V. Lync, PhD, UCSF Division of Gastroenterology, in "The Human Microbiome: A New Frontier in Health", University of California, 7 November 2019.

A Toxin Pathway

"Bacteria secrete a variety of enzymes (leukocidins, hemolysins, coagulases, hyaluronidases, fibrinolysins), any of which are disruptive in the body.

Vaccination Results

Does the vaccinal approach produce wellness or any health benefit? Kalokerinos & Dettman point out that statistics in England and Wales, presented at the British Association for the Advancement of Sciences (Porter, 1971), show that **deaths of children under 15 years of age attributed to scarlet fever, diphtheria, whooping cough and measles saw a 90% decline from 1850 to 1940. Yet, antibiotics and compulsory (i.e., widespread) vaccination against diphtheria were not introduced until 1940.** The death rate due to these illnesses dropped from over 6,000 per million children, in 1850 to under 1,000 per million children in 1940, **a period marked by vastly improved public health, sanitation and nutrition.** Along the same

lines, an English doctor, D. Powles, observed:

> ***"The major contributing factor toward improved health over the past 200 years has been improved nutrition. Nearly 90% of the total decline in the death rate in children between 1860 and 1965 due to whooping cough, scarlet fever, diphtheria and measles occurred before the introduction of antibiotics, and widespread immunization against diphtheria."***

The greatest danger of the germ theory half-truth is its promulgation and acceptance as the whole truth, thus diverting attention from endogenous factors, primarily host ecology-resistance and susceptibility." - Robert Young, in "International Journal of Vaccines and Vaccination", 2016.

"The Gut-Brain Axis: **So message to fix your brain you need to fix your gut! Toxicity can cause the outgrowth of pathogens like Clostridioides difficile."** - Prof. Simon Carding, Institute of Food Research, Norwich Medical School at the University of East Anglia, in "Gut bacteria and mind control: to fix your brain, fix your gut!", 15 May 2015.

"The medical trade, has become a misleading and evil science. A science of deceit.

The cause of virulence, is toxicity. When presenting "viruses", the medical trade shows us cells, infected with a "virus", but aren't capable on showing us a virus.

This "viruses", are never seen, and never shown.

For the medical trade tells us that "viruses", can only become "alive" inside a cell.

This pathetic concoction, in the misrepresentation of biological and chemical laws, is the extent that the medical trade goes in constructing such falsehood, in order to conceal the fact that Toxaemia is the cause of organic disease." - Rui Alexandre Gabirro, Emunctologist

"The Germ Theory (Virus Theory), really comes down to one sentence:

There is one Cause.

One Disease.

One Cure, which is Vaccines.

And there is one Test, which is a PCR Test.

And there is Money, in every one single of those points, a lot of money." - Dr Sam Bailey, MD in "Viruses do not cause disease", 15 July 2021.

The Germ Theory of Disease The Relation of Bacteria and Allied Organisms to Virulent Inflammations and Specific Contagious Fevers

"Bacteria if not actually to be found within the blood-vessels of healthy persons nevertheless habitually exist in so many parts of the body in every human being, and in so many of the lower animals, as to make it almost inconceivable that these organisms can be causes of disease. In support of this statement I have only to say, that even in healthy persons they may be found in myriads in and about the epithelium of the whole alimentary tract from the mouth to the anus; they exist throughout the air-passages, and may be found in mucus coming from the nasal cavities. There are distinct species amongst these lower organisms, some of which are harmless though others are poisonous (or so-called "germs" of disease). The experiments of many investigators prove that the alleged causes of disease may be actually introduced into the blood-vessels of lower animals by thousands without producing any deleterious effects in a large proportion of the cases." - Dr H. Charlton Bastian, MD, Professor of Pathological Anatomy, University College. in **"The Germ Theory of Disease: being a Discussion of the Relation of Bacteria and Allied Organisms to Virulent Inflammations and Specific Contagious Fevers"**, The Lancet, 10 April 1875.

Chapter 6

Bacteriophage Theory & Farce

"Medical science?.. . Dat iss a contradiction in terms. Dere is no such thing. You should begin with the chemistry of proteins, as I do." *- Jacques Loeb, in "The Professor, the Institute, and DNA", 1976.*

Bacteriophage Not Organism, Says Bacteriologist

"A systematic study of the properties of bacteriophage failed to substantiate its living nature." *- Dr. J. Bronfenbrenner, Professor of Bacteriology, Washington University School of Medicine, in "Address at the Society of American Bacteriologists", Journal of Bacteriology, 1930.*

"**The evidence seems to indicate that the bacteriophage is an inanimate chemical product of bacterial metabolism, having no cell-dissolving properties of its own.**

Bacteriophage has been hailed as a most potent germ-killer, being made itself from germs, but ever since its discovery by Dr. F. D'Herelle it has been a subject of scientific controversy.

"It seems to exhibit a stimulating effect on homologous or closely related bacterial species. As a result, the rate of intracellular metabolism is abnormally increased with a consequent increase in osmotic pressure within the cell, and if water is available in the surrounding medium, bacteria take it up, swell, and finally burst.

The activity of the phage in suppressing the effects on animal tissue of a definite germ without harming the tissue was compared with activity of certain chemicals. *The phage was active at a much wider range of dilutions than any of the 5 chemicals: Mercuric Chloride, Phenol, Formalin, Tincture of Iodine, and Chloramine." - John E. Walker of the research laboratories of E. R. Squibb and Sons*

This phage was active at dilutions ranging from full strength to a dilution of 1 to 512, while the nearest chemical, mercuric chloride, could only be diluted to one-sixteenth of the strength causing tissue destruction and still be active." - in "Science Service", Vol. 17, 1930; "Journal of Chemical Education", July 1930.

"Due to the belief that these invisible structures were killing the bacteria, they were called phages / bacteriophages, "eaters of bacteria". Only later it was determined that merely highly inbred and therefore almost non-viable bacteria can be made to turn into phages, or bacteria which are being destroyed so fast that they do not have time to form spores. The introduction of the electron microscopy led to the discovery of the structures resulting from the transformation of bacteria when these were suddenly dying or when the metabolism of the highly inbred germs was overwhelmed by processes triggered by the adding of "phages". - Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory; The Measles Virus as an Example", 2015.

An Active Principle Not a Bacteriophage

"**A systematic study of the properties of bacteriophage failed to substantiate its living nature.**

The bulk of evidence seems to indicate that bacteriophage is an inanimate chemical product of bacterial metabolism.

This substance seems to possess no lytic properties of its own. It seems to exhibit stimulating effect on homologous or closely related bacterial species.

As a result, the rate of intracellular metabolism is abnormally increased with a consequent increase in osmotic pressure within the cell, and if water is available in the surrounding medium, bacteria take it up, swell, and finally burst. The intracellular hydrolysis preceding and causing the swelling and bursting of bacteria is indicated by the marked increase in concentration of the products of hydrolysis of bacterial protein in the medium.

However, if water in the surrounding medium is immobilized by the addition of hydrophilic colloids, the swelling and bursting of bacteria is prevented.

Thus, instead of visible lysis (the breaking down of the membrane of a cell) under these conditions there is observed, on the contrary, a rapid multiplication of bacteria due to the addition of phage.

The **Active Principle** (bacteriophage) is present in the medium in the form of discrete units.

This is due to ready adsorption of the bacteriophage on colloidal aggregates of the medium and not to organized nature of the agent.

When purified, **bacteriophage-containing solutions fail to respond to most sensitive tests for protein, even when concentrated to 1/1000 of the original volume.**

If concentration is carried on to dryness, it can no longer be brought in solution and its lytic activity is lost.

Chemical analysis of the residue thus secured indicates that it may be a carbohydrate containing a small amount of nitrogen either in its molecule or as an impurity." - J.

Bronfenbbenner, Department of Bacteriology, School of Medicine, Washington University, St. Louis, Mo., in "Studies on the Nature of Bacteriophage", Journal of Bacteriology, 1930.

> ***"First attempts were made to identify the substance chemically and to study its role in the intoxication accompanying pneumonia, thus placing the research within the evidential context of toxicity of bacteria."*** *- Alfonse R. Dochez, Oswald T. Avery, "The elaboration of specific soluble substance by pneumococcus during growth", JEM, 1917.*

The Bactericidal and Toxic Action of the Blood of the Insane

"D'Abundo in "Rivista Sper. di Freniatria e di Med. Legale, Vol. XVIII.

The author describes experiments made with the blood of various insane persons in order to determine its toxicity and bactericidal power.

He used blood taken from cases of general paresis, melancholia, paranoia, mania, idiocy, and pellagrous insanity, 86 observations were made.

The toxicity was determined by the injection of defibrinated serum into the auricular veins of rabbits, while the bactericidal power was tested upon the anthrax bacillus.

Ten cubic centimeters to the kilogramme of normal blood kills rabbits by acute intoxication.

He found that the toxicity and bactericidal power of the blood in depressed conditions was diminished, but in all other forms of in sanity it was increased." - in "American Medico-Surgical Bulletin", 15 February 1894.

> *"Schmidt-Ott in "The Penetration of Infectious Agents into the Regional Lymph Glands and the Blood Stream after Cutaneous lnfection (Ztschr. f. Hyg. u. Infelctionslcranlch., 1927), in studying the problem of local as contrasted to general infection,*

considers probable that the local reaction, which usually occurs after a period when the microorganism can be regularly demonstrated in the blood stream, represents a general reaction with its greatest manifestation locally because there are more microorganisms or toxins in this local site." - in "The American Journal of the Medical Sciences", January 1928.

Toxins from Bacterial Growth

"Murphy and Brooks have found it necessary to repeat the work of previous investigators in order that a complete series could be formed from which to draw rational conclusions.

The latter are, that in intestinal obstruction, a toxin, the result of bacterial growth, is formed, which, when absorbed in sufficient amounts, produces definite symptoms and pathologic lesions and death.

The chemical and physical characteristics of this toxin seem to vary with the length of time the obstruction has been in existence.

The Toxaemia following obstruction may be independent of infection of the peritoneal cavity or of the general circulation, and may be caused by the toxin gaining entrance into the circulation by way of the thoracic duct.

Of prime importance in the Toxaemia are those factors which make absorption possible, and of these factors; interference of the circulation of the obstructed intestine is the chiefest.

The authors are able to trace a resemblance between the symptoms following intravenous injection of the toxin and those following intravenous injection of certain of the ptomain poisons." - Dr Edward H. Goodman, MD, in "Progressive Medicine", 1915.

"Many bacterial toxins are able to cause severe damage to the host, even at very low concentrations. Most bacterial toxins are enzymes, which act catalytically and with high specificity on the

functional molecules of host cells, resulting in the marked modulation of the host homeostasis." - Yukako Fujinaga, International Research Center for Infectious Diseases, Research Institute for Microbial Diseases, Osaka University, in "Transport of Bacterial Toxins into Target Cells", Journal of Biochemistry, 2006.

"Air once breathed is poisonous and the organism is killed by that which is cast off from its own lungs.

If bacteria are cultivated in nutrient media their multiplication continues until a time when their growth ceases, even if there remain a surplus of nutriment. The media are found to contain a substance which is unfavourable to the growth of germs which is clearly the result of the metamorphosis is of the nutrient media by the bacteria. They too cast off a substance which is harmful to themselves.

If the kidneys, through destructive processes in their substance or obstruction of their efferent ducts are unable to perform their eliminative functions, the animal soon dies, and with clinical phenomena which are fairly constant in different animals. If obstruction of the bowel lumen occurs and an organism is unable to eliminate faecal residues, poisonous symptoms soon ensue and unless the condition be relieved they terminate in death.

In the tissues, if waste materials are retained too long, cellular death and lesions result, for if a cell is not separated from the products of its metabolism its life cannot continue.

For example, if the ducts of the pancreas become occluded and its specific secretion finds no outlet, pancreatitis and necrosis is likely to occur.

These facts are illustrative of a biological truth, that the end-products of metabolism are harmful to the organism from which they proceed, and to the resulting phenomena the appropriate name of auto-intoxication or self-poisoning has been given.

It is "the poisoning of an organism by matter produced within itself" to be sure, since the toxins of all infectious

diseases are produced within the organism." - Dr W. Louis Chapman, MD, in "Auto-intoxication as a Cause and Complication of Disease", 1903.

The Influence of Bacterial Endotoxins on Phagocytosis

"It was shown in a paper communicated by us to the Royal Society in April, 1910.

a. That bacterial endotoxins have the power of inhibiting phagocytosis; that in some cases this action is general, but in most cases it is specific.

b. That the endotoxic substance is unaltered by prolonged exposure to high temperatures.

c. That, as far as our experiments then carried us, the inhibition of phagocytosis appeared to result from an interaction between endotoxin and serum." - Leonard S. Dudgeon, P. N. Panton, H. A. F. Wilson, in Proceedings of the Royal Society of London, 1910.

The Study of Bacterial Toxins

"The study of the toxins produced by bacteria is one of the most important branches of bacteriological research.

The solution of some of the main problems of immunity and disease depends upon the knowledge that can be gained with reference to the nature of the bacterial toxins and their mode of action upon the animal body.

The number of infective diseases that have been definitely associated with the action of bacteria is considerable, e.g. tuberculosis, cholera, diphtheria, typhoid fever, etc.

The laboratory experiments made with the diphtheria and tetanus organisms demonstrated that the poisons were soluble products of the bacterial cells in question, and were excreted into the nutrient fluids in which they had been cultivated." - Allan Macfadyen, in "Nature", 18 June 1903.

Bacterial Toxins

"We have been led by observation of many facts concerning the pathogenic bacteria and their action in the various infectious diseases. ***The specific poisons of the pathogenic bacteria are formed within the bacterial cells, and constitute a part of the organism itself.*** *" - Dr Victor C. Vaughan, MD, Dr Thomas B. Cooley, MD, in "The Bacterial Toxins", Journal of the American Medical Association, 23 February 1901.*

"Toxins remain a significant cause of disease today, not just in the developing world, where they are a major cause of death, but also in the west.
Many toxins damage the cell membrane, by organising several of their molecules into a ring shape and inserting this into the membrane to form a hole, or pore, in it.
These toxins were discovered in the early 1980s and there are hundreds of them. The ability to provoke damage to our cells is the key attribute of pathogenic bacteria that distinguishes them from harmless bacteria. Toxins clearly fulfil this destructive function extremely efficiently. However, one group of bacteria behaved as if they made toxins, although none could be identified, and it was unclear how they caused disease. This group includes bacteria well known through their constant appearance in the news. Most notorious was Yersinia pestis which causes the plague." - Alistair J. Lax, in "Toxin The Cunning of Bacterial Poisons", Oxford University Press, April 2005.

"Healthy humans are colonized and co-exist with over 100 trillion bacteria.

These microorganisms, thus, outnumber human cells by about 10–100-fold and constantly interact with the surrounding environment. Microbial infection is highly

relevant to the biological functioning of the respiratory system and, thus, to disease pathogenesis in the host.

The immune system is crucial to protect the lung from infection, as evidenced with, e.g., severe neutropenia or acquired immune deficiency syndrome, where pneumonia frequently occurs and is by far the most frequent infection.

Bacterial toxins play a key role in the pathogenesis of lung disease.

Pulmonary disorders resulting from these toxin actions include:

1. Acute Lung Injury (ALI)
2. Acute Respiratory Syndrome (ARDS)
3. Severe Pneumonia

When acute infection converts to persistence, i.e., colonization and chronic infection, lung diseases, such as Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), and Cystic Fibrosis (CF) can arise.

In conclusion, bacterial toxins may play a key pathogenic role and are thus of highest relevance in many instances of infection.

The site-and situation-dependent role of bacterial toxins and the adaptive interplay with the host are crucial factors for the infective potential of the pathogens.

Indeed, the role of bacteria and their toxins seems to be determined by both general and highly specific, time-dependent local host and environmental factors, as well as by the ecological status of the microbiome" - Rudolf Lucas, et al., in "Impact of Bacterial Toxins in the Lungs", Toxins, 2 April 2020.

Bacterial Infection & Bacterial Intoxication

"Koch distinguishes between Bacterial Infection and Bacterial Intoxication:

1. In Bacterial Infection; the micro-organism enters the body of the susceptible individual, increases rapidly in numbers and swarms throughout all the tissues. Their bad effects are caused mechanically by blocking the capillaries and thus arresting the circulation and functional activity and by robbing the tissues of nutrition, particularly oxygen.

2. Bacterial Intoxication; is caused by toxines. The bacteria tend to grow only on certain tissues in certain localities, producing local diseases, but the toxines entering the circulation, are carried throughout the body, and acting as an irritant to the sensitive tissues, produce the given disease.

These toxines are of 2 kinds:

1. Ptomaines
2. Toxalbumins

The former are crystalline, alkaloidal bodies, the latter are colloidal.

The role these poisons are to play is seen when we know that they can be produced outside of the body, and when introduced into the susceptible individual, with or without their organism, they produce the given disease.

We now know that an animal may have immunity of 2 distinct kinds:

1. From Bacterial Infection
2. From Bacterial Intoxication

An individual can have one without the other.

This gives us an inkling into how, by the right use of these

processes, infectious diseases in the future are to be treated or prevented.

Investigation into this condition of bacterial intoxication seems to establish the fact that there is in the blood serum a chemical substance or substances of vital origin called defensive proteids, which render pathogenically inert the ptomaines and toxalbumins in all cases of bacterial intoxication; also that the organism can produce these antitoxines as they are required for the individual's protection, until their protective activity in the blood, in more than normal ratio, is demonstrable.

When by suitable treatment an individual is able to receive with impunity what is ordinarily a fatal dose of toxalbumin or ptomaine, he is then said to be poison-proof. This immunity may be acquired, and the possessor, if a female, may transmit it to her offspring. Experiments show that the blood of the poison-proof animal has high curative powers in cases of the given disease occur ring in his own kind or in man." - Dr Henry Reed Hopkins, MD, in "Prophylactical Artificial Immunity", The Sanitarian, 1894.

Intoxication of the Organism

"The peritoneum is inflamed by the bacterium coli commune only when this micro-organism is introduced into the abdominal cavity along with some irritating vehicle.

It exerts a local or general action only when it finds in the peritoneum a suitably prepared soil.

The researches of Barbacci, like those of Grawitz, have shown that the entrance of faecal masses into the peritoneal cavity is not harmless, but their entrance is not capable of producing a pathological condition such as is manifested in perforative peritonitis.

On the other hand, **the intestinal gases discharged into the peritoneal cavity in cases of perforation of the intestine act as violent inflammatory irritants.**

Perforation peritonitis, with its violent local and general phenomena, is the result of a number of synchronously

acting causes (**faeces, intestinal gases, and micro-organisms**); and the characteristic pathological features are generated only when these aetiological factors act in unison upon the serosa.

By virtue of their chemical action, the faecal masses and intestinal gases which are emptied into the abdominal cavity in intestinal perforation, produce an extensive alteration of the serosa, and thus prepare a favourable soil for the subsequent development of micro-organisms.

Of the microorganisms discharged with the intestinal contents, the bacterium coli commune alone retains its vitality, while all others are incapable of development, and soon die.

The fatal termination of perforation peritonitis, like the disease itself, is the result of a number of causes which, acting together, produce an intoxication of the organism.

The poisons acting here are liquid and gaseous bodies from the intestine, and toxic metabolic products of micro-organisms. - The Aetiology and Pathogenesis of Perforative Peritonitis, C. Barbacci, Sperimentale, 1893; Schmidt's, Jahrb., 1894." **-** in "American Medico-Surgical Bulletin", 15 June 1894.

Experimental Infection with Single Virulent Bacteria

"It was further shown that **with the smaller doses the death, of the mice was delayed**." - in "The American Journal of the Medical Sciences", January 1928.

Toxicological

"Dr. E. Centanni, MD in "The Fever Toxin of Bacteria", Deutsche Med. Woch., 1894.

He concludes as follows:

1. **The phenomena of bacterial fever are produced by a general intoxication with a poison (pyrotoxina bacterica) which is formed within the bacteria, and which is distinguished by its behaviour from the better known bacterial poisons (Ptomaines, Enzymes, Toxalbumins)**.

2. **This poison is universally distributed, and common to all bacteria, for it occurs in the most varied species, pathogenic as well as non-pathogenic, and it always possesses the same peculiarities**." - in "American Medico-Surgical Bulletin", 1 July 1894.

Aetiology of Arteriosclerosis

"There are 4 great factors in the causation of Arteriosclerosis:

1. Normal wear and tear of life.
2. Acute Infections.
3. Intoxications, and those combinations of circumstances which keep the blood tension high.

Unquestionably the 3 former play a great role in the production of hypertension." - Dr W. Osler, MD, in "Modern Medicine: Its theory and practice in original contributions by American and foreign authors", 1908.

The Aetiology Pathogenesis and Treatment of Pneumonia

"**Croupous Pneumonia is one of the most common and wide-spread diseases.**

In a few days it becomes a matter of life and death; its inception is rapid, preceded by but few prodromic symptoms; it runs a course, which, although brief, is severe and requires energetic and prompt treatment.

Frankel's diplococcus, therefore, by virtue of its power to produce toxic products, determines on the one hand a specific process in the lung, and on the other a general intoxication, which is more or less intensely reflected upon the central nervous system and the cardio-vascular system.

This bacterio-chemical theory explains the morbid unity of the acute pulmonary diseases (croupous, lobular, and secondary pneumonias), that is, admitting the formation of different toxines by the same diplococcus.

When chemistry shall have succeeded in isolating the various toxines formed in different infections, and an accurate biological analysis shall have plainly revealed the symptomatology of the intoxications which they produce, we will be able to accurately explain the development of infectious diseases.

Able investigators are now at work in this direction, seeking to isolate toxines and to study their action.

Roger has found a culture product (toxine) from a particular microbe found in the body of a patient dead of septicaemia consecutive to cholera, which has a notable action on the heart, so that in an animal poisoned with moderate quantities of this substance, the heart no longer reacts to the strongest excitations of the pneumogastric, and the most powerful stimulation of myocardium is unable to modify the tracings.

The same writer, in a more recent communication to the Academy of Medicine, in Paris, refers to the action possessed by the products of the bacillus septicus putridus upon the heart, as compared to that of the proteus. The products of the septic bacillus positively lessen the

excitability of the heart, while the proteus has no such action. The toxines of the diphtheritic bacillus slow the heart, and at the same time produce a diminution in the extension of the heart beats.

What we have said would seem to explain clearly the reason why pneumonia, which always shows Franrel's diplococcus as a determining cause, now runs its course without severe general symptoms, now takes a very severe general toxic form of an adynamic character, again displays a dyspnoeic form (not in proportion with the pulmonary lesions), or else assumes the tetanic variety, or still other forms.

According to individual differences, by reason of varying resisting powers, or because some present a virgin culture soil, whereas others have already been invaded by pathogenic microbes of other varieties, so the same pathogenic agent in its life of exchange will give out different products or toxins, which, being true poisons, so modify the organic ambient and the functions of the various organs and apparatus as to determine, always in relation to their chemical entity, the varying special intoxications.

Finally, I believe that there exists an serological unity of the acute pulmonary affections (lobar, lobular, and secondary), they being produced by the same pathogenic agent which, in different soils, develops different toxines, whence the anatomical varieties and the clinical forms observed." - Dr. N. Ferrara, MD, Institute of Pharmacology and Therapeutical Clinic of the Royal University of Naples, conducted by Prof. Mariano Semmola, MD, in "American Medico-Surgical Bulletin", 1 August 1894.

Bacterial Endotoxins

"The crystallization during the early 1950's of Dr Jacob Fine, MD views, which were derived from ingenious experimentation, and lucid analysis of the data obtained, led to the hypothesis that Bacterial Endotoxin plays a key role in inducing or aggravating the peripheral vascular

injury, that terminates in irreversible collapse of the circulation and death.

This theory first startled and, in the 1960's, convinced many students of the subject of its validity.

This work has brought us to the threshold of an effective treatment for what is currently considered refractory shock by showing that this state can be cured by providing a temporary substitute for the severely damaged reticuloendothelial (RE) system.

The view that evolved from these studies was that the refractory state of traumatic shock arose from ischemic damage to the reticuloendothelial (RE) system in liver and spleen, which in turn permitted endotoxin (a neurotoxin of bacterial origin absorbed from the gut) to produce fatal collapse of the peripheral circulation.

The variations in tolerance of shock that occur among a group of seemingly comparable animals or patients arise from differences in the capacity of the reticuloendothelial (RE) system to detoxify endotoxin and the availability of this system for clearance of this poison, which is continually entering the circulation from the gut or from any other site of gram-negative bacterial activity." - Dr Arnold M. Seligman, MD, in "Jacob Fine: Academic Surgeon Three Decades of Research", Surgical Clinics of North America, June 1969.

Septic Shock

"Any prolonged shock, through vasoconstriction, impairs the endotoxin-detoxifying function of the reticuloendothelial system.

The title of this communication is "Septic Shock".

The thesis put forth is that **shock from any cause will become septic shock** if it lasts long enough, because the generalized vasoconstriction that shock evokes **will impair, among other functions, the endotoxin-detoxifying function of the reticuloendothelial system.**

This will allow the endotoxins absorbed from the intestine, if from no other source, to exert their property of

intensifying vasoconstriction. The inevitable anoxic damage this inflicts and the further sustained decline in splanchnic flow eventually leads to paralysis of vascular muscle, so that venous return to the heart falls to a level at which cardiac output can no longer sustain the minimum requirements of vital organs.

The central importance of the splanchnic circulation is demonstrated by the fact that if vasoconstriction is prevented in this area, there is no progressive failure of cardiac output, the circulation recovers, and the victim survives.

The elimination of bacterial toxins is obviously a desirable objective." - Dr Jacob Fine, MD, in "Septic Shock", JAMA, 4 May 1964.

Theory of Epidemics

"These experimental findings on host factors, together with others referable to the infecting agent, have modified the current theory of epidemics as follows.

We now believe epidemics are caused in hitherto uninfected populations by the introduction and spread of a highly virulant yet stable infecting agent.

In populations already infected the agent remains stable, and the epidemic is caused by a lowering of population resistance, through some generally depleting factor, such as inadequate diet.

This lowered susceptibility is followed by multiplication of the causative agent in already infected hosts and consequently an increase in dosage of the agent to which the community at large is exposed.

This increase in dosage is the immediate cause of the epidemic whether the agent be introduced from without or be already present within the population." - Dr Leslie T. Webster, The Rockefeller Institute for Medical Research, New York, in "Journal of Heredity", September 1939.

The Relations Between Endotoxins and Toxins

"The symptoms of intoxication of many infectious diseases, e. g., cholera, typhoid, plague, dysentery, tuberculosis, are caused by Bacterial Endotoxins, that is, substances set free on microbic disintegration as distinguished from toxins which are regarded as true secretions, was advanced by Pfeiffer about 16 years ago.

Accordingly there is no real secretion of toxins by the bacteria in question, at least not of such kind and amount as to account for the intoxication; on the contrary, the endotoxins are so firmly bound to the bacterial cells that they are liberated only by severe, disintegrative procedures, and in the infected body they are held to be set free only as the bacteria disintegrate and pass into solution under the influence of the antibacterial substances of the blood.

The observation Pfeiffer made on guinea-pigs injected intraperitoneally with living cholera germs: Before long the peritoneal contents and blood were sterile, the cholera germs being rapidly killed, and yet the animals died from intoxication caused, he concluded, by poisons contained in the bacterial substance itself.

Analogous results were obtained with typhoid and other bacteria, and the intra peritoneal injection of bacteria killed by heat, toluol or chloroform produced the same symptoms and the same results as the injection of virulent living bacteria. Subsequently when prophylactic inoculations of killed bacteria came to be practiced on human beings it was soon learned that they may cause marked intoxication of human beings also, so that careful dosage is required.

Certain clinical observations also harmonize well with the endotoxin theory. Thus in typhoid and paratyphoid fever the symptoms of intoxication do not reach their height when the bacteria in the blood are most numerous, namely, in the beginning of the attack; the severe intoxication sets in as the agglutinating and bactericidal powers of the blood increase above normal and the bacteria disappear more or less completely. Whatever toxins are secreted early are tolerated

readily, it would seem, but the liberation of endotoxins on bacterial solution causes severe symptoms.

On the basis of results obtained by himself and others, Kraus claims that poisons endowed with antigenic powers, hence neutralizable by specific antitoxins, constitute the real pathogenic agents in cholera, plague, typhoid, dysentery and cerebrospinal meningitis." - in "JAMA", 6 March 1909

Endotoxins

"Pfeiffer lead the discussion and quite properly claimed that his research on the cholera poison was the first work that quite clearly indicates that the bacterial cellular substance contains a poison.

Pfeiffer holds that the poison is firmly bound in the bacterial cell; it cannot be extracted except by deepreaching chemical changes; it is not a secretion in any proper sense, and it is not set free nor can it injuriously affect the animal until the bacterium not only ceases to live, but is broken down, and its component parts pass into the solution.

Pfeiffer states that he has never held that the endotoxins may not possess antigenic properties; but he has stated and still holds that in cholera and typhoid fever there is no evidence that an antitoxin is or can be produced.

The dead cells of cholera bacilli are distinctly poisonous to man and experimental animals.

This has been demonstrated beyond any question.

The same is true of the cellular substance of the typhoid bacillus, and Friedberger has shown that the intravenous injection or only one-twenty-fifth of a milligram or the dead tpyhoid bacillus may cause most marked and prolonged toxic symptoms.

However, the toxicity of the pathogenic bacteria is widely variable.

Along with exquisitely toxic species are those that are relatively harmless; moreover, the susceptibility of animals to the endotoxins is also widely variable." - in "The American Journal of the Medical Sciences", 1909.

"**Max Delbruck and Salvador Luria Developed a simple model system using phage for studying how genetic information is transferred to host bacterial cells.** Studied a type of bacterial virus called the T phage that consists of a protein coat containing DNA.

Bacteriophages or phages – viruses that infect bacteria. Bacteriophages contain DNA or RNA, not both nucleic acids as living cells do.

They lack their own ATP generation, do not have a cytoplasmic membrane, and are rather complex macromolecules of nucleic acids and proteins.

They are metabolically inert in their extracellular form, replicating only after contacting/recognizing and infecting a suitable bacterial host cell.

Current basic studies of bacteriophages are focused on:

Theoretical Modelling of the evolution of such replicators (viruses/phages and related mobile selfish genetic elements like plasmids) versus reproducers (cells)." - E. Vandammea, Kristien Mortelmansb, in "A century of bacteriophage research and applications: impacts on biotechnology, health, ecology and the economy!", Jour. Chem. Technol. Biotechnol, 2018.

> ***"In view of the rising ineffectiveness of antibiotic treatments against once readily treatable bacterial infections, and the often negative health and environmental effects caused by chemical pesticides in the crop and agricultural sectors, it is long overdue to revisit phage therapy."*** *- Pirnay, De Vos, et al., in "The phage therapy paradigm: Prêt-à-Porter or Sur-mesure?", Pharm. Res., 2011.*

Toxic Shock Syndrome

"Staphylococcus Aureus and Streptococcus pyogenes (group A streptococci) are gram-positive pathogens capable of producing a variety of bacterial exotoxins, including a family of toxins known as superantigens (SAgs).

SAgs interact with antigen-presenting cells (APCs) and T cells to induce T-cell proliferation and massive cytokine production, which leads to fever, rash, capillary leak, and subsequent hypotension, the major symptoms of toxic shock syndrome (TSS). A syndrome of fever, myalgias, sore throat, edema, scarlitiniform rash, and desquamation associated with Staphylococcus aureus infection was first described in 1927." - Dr Donald E. Low, MD, FRCP, in "Toxic Shock Syndrome, Major Advances in Pathogenesis, But Not Treatment", Critical Care Clinics, 2013.

"Staphylococcus includes at least 40 species. Many species cannot cause disease and reside normally on the skin and mucous membranes of humans and other animals." - in Wikipedia

Staphylococcal Toxic Shock Syndrome

"Staphylococcal Toxic Shock Syndrome (staphylococcal TSS) is an acute disease mediated by the production of superantigenic toxins, caused by a Staphylococcus Aureus Bacterial infection, characterized by:

1. High fever
2. Skin rash followed by skin peeling
3. Hypotension
4. Vomiting
5. Diarrhoea
6. Potentially leading to Multisystem Organ Failure

Etiology: Staphylococcal TSS is due to an infection with Staphylococcus aureus, that releases toxins and causes a

massive immune reaction involving mainly cytokines and chemokines. It was originally often associated with high absorbency tampon use, but also intravaginal devices (i.e. barrier contraceptive, menstrual cup) and **infections following surgical procedures.**

Currently, many cases of Staphylococcal TSS are complications of suppurative infections or upper airways colonization.

Clinical description: Staphylococcal TSS is seen most commonly in adult women, can also be observed in men and children.

Onset is sudden and includes:

1. High fever (> 38.9°C)
2. Nausea
3. Diarrhoea
4. Vomiting
5. Myalgia
6. Abdominal pain
7. Sore throat

Unlike Streptococcal TSS, a generalized rash is seen in most cases of Staphylococcal TSS, occurring within the first 2 days of symptom onset and affecting both the mucosa and the skin.

Later during convalescence, skin peeling also occurs.

More serious manifestations include:

1. Confusion
2. Shock
3. Renal dysfunction
4. Myocardial dysfunction
5. Acute Respiratory Distress Syndrome (ARDS)

Acute Respiratory Distress Syndrome (ARDS) is the most common cause of death seen in Staphylococcal TSS." - in "Orphanet" , 12 November 2020.

Streptococcal Toxic Shock Syndrome

"Streptococcal Toxic Shock Syndrome (STSS).
All patients developed Shock and Organ Dysfunction
78.0% Developed Coagulopathy
70.7% Neurologic Dysfunction
68.3% Respiratory Failure." - in "Clinical characteristics of children with group A streptococcal toxic shock syndrome admitted to pediatric intensive care units", Eur. J. Pediatr., 2011.

The Role of Cell Necrosis and Bacterial Invasion in Surgery

"According to recent reports of the Allied Medical and Surgical Congress the failure to cure: Shock, Wound Diseases, and Pneumonia is an admitted fact.

The treatment of Pneumonia, which often follows the wounds, seems to have been left precisely where it was.

Pneumonia still remains the most terrible scourge of our cantonments.

The Public Health Association reports (Dec. 9-12, 1918) that during the months of September, October, and November 400,000 deaths from Pneumonia occurred in the United States alone. Colonel Vaughan states the case plainly:

> *"So far as respiratory diseases are concerned we know no more than our ancestors knew one hundred years ago, and we may as well admit it. I say that in the face of the greatest pestilence that ever swept our country, we are just as ignorant as the Florentines were in the plagues described in history."*

Resume of the Writer's Previous Work:

Now in opposition to these startling and disheartening statements concerning the treatment of shock, wound disease, and Pneumonia, I beg leave to place before you the

results of nearly 30 years of laboratory investigation concerning these diseases.

I am confident that we are going forward and that it is possible not only to cure a large percentage of wounded men, but to check the scourge of Pneumonia.

Let me begin by stating in the plainest possible way that my work, experimental and clinical, has led me to the conclusion that shock and all other manifestations arising from wounds, as well as other secondary **conditions such as ulcer or Pneumonia, are produced by the absorption of a poison which is a product of necrosed and disintegrated cellular tissue.**

In other words, I have found that man's greatest enemy is his own decaying tissue. I have demonstrated that these destructive agents called polypeptids are the death-dealing forces which act in Pneumonia as well as in cases of wound and shock.

Furthermore, I have proven that not only are these products of necrosed tissue the cause of death in wounds and Pneumonia, and the factors of such diseases as neuritis and various forms of Rheumatism, but that they are the chief means of transmitting disease from man to man.

Bacteria merely assist in the process. It is wasted energy to conceive that the poison of the cells is psychogenetic, or that it is the direct result of a foreign body called a germ.

It is true that where necrosis occurs from any injury germs are afforded a chance to grow, and by their catalytic action they undoubtedly speed the progress of disintegration, but they do not furnish the poison.

The high viscosity and coagulation of the blood and body fluids which cause sickness and death are due not to germs but to the poisonous products arising from decaying cells.

In all my research work clinical observations have been carefully checked up by means of laboratory experimentation.

For 25 years I have continued, almost daily, to work in my laboratory and to make immediate and careful comparison

between that work and my clinical experience. The value of my conclusions depends entirely upon that method.

My early conception of the fact that the necrosed cellular tissue furnished the most destructive of man's diseases came from the treatment of a patient in 1893 suffering from the effects of alcohol.

The use of alcohol had been discontinued for some months and the alcohol had all passed out of the system, and still the necrosis and the effect of the poison of the necrosed cells persisted.

Careful investigation led me to the conclusion that no effect of the protein poison took place until it reached the cells in the capillary area. I observed that the cells responded at once to the poison.

Coagulation of the tissue fluids took place and this increased viscosity of the blood was passed on to the veins.

Later I demonstrated that where this coagulative phenomenon occurred suddenly death was instantaneous.

If the process went on more slowly a chronic condition resulted.

In subjecting this conception to experimental test I treated the stomach mucosa of animals with reagents which caused immediate death of the tissue.

In these experiments the different agents used to produce cell necrosis included acetic acid, tannic acid, chromic acid, silver nitrate, and mustard oil (in large and smail doses administered for months), chloroform, and ether.

The result in all instances was a breaking down of the cells and a change in the eplanchnic circulation as a result of the absorption of the toxic products from the cell necrosis.

In this condition of the tissues, if bacteria were introduced they more readily migrated and caused a further disintegration of the cells.

In these experiments I was able to cause gastritis.

Small doses acted like a stimulant, large doses caused cellular decay.

Where the necrosis was small in amount the resulting agents stimulated; if it was extensive, they caused disease and death. In these experiments, together with many others,

I proved that it made no difference how the death of the cell was caused, the products of disintegration upon, being absorbed produced autolysis, which when occurring in an area rich in ferments (such as the pyloric end of the stomach and duodenum) caused ulcers to form which ultimately perforated the muscle coat of the organ.

Other diseases, such as dilatation of the stomach and intestines, were found to be due to a similar toxic influence, not on the nerves but on the muscle cells of the stomach and intestines.

The results of these experiments make the fact stand out boldly that the role played by the bacteria is simply to increase the amount of toxins produced by increasing cell digestion, and that the cell toxins produced are the agents causing the further necrosis and against which immunity is to be established and not against the bacteria." - Dr Fenton B. Turck, MD, in "Medical Record", 22 March 1919.

"There is ample evidence to incriminate the products of bacterial activity as the cause of death in shock; and the intestine is a source of the products of bacterial activity. It is, therefore, probably correct to say that shock as a result of necrosis of the intestine is caused by bacterial activity." - Dr Jacob Fine, MD, in "The Bowel in Shock", The Lancet, 20 October 1962.

Staphylococcal Enteritis

"This is a disease with a causal organism and results from the unchecked production within the bowel of a specific enterotoxin.

It is usually a complication of antibiotic therapy. It has occurred spontaneously in the chinchilla (Wood et al. 1956) and can be produced in this animal by oral administration of Staphylococcus aureus from human patients, after suppression of the normal gut flora with tetracycline (Van Prohaska 1959).

Staphylococcal enteritis in contrast to pseudomembranous enterocolitis has become more common since the introduction of antibiotics, and nowadays the normal faecat carrier-rate of coagulase-positive staphylococci is more than doubled after a week's stay in hospital (Brodie et al. 1956).

Staphylococcal enteritis presents with fever and abdominal pain, and is not conspicuously associated with shock (Dearing et al. 1960).

It too is commoner among middle-aged males, but can occur in all age-groups, and is not rare in children (Choremis et al. 1954)." - Dr Adrian Marston, MD, FRCS, in "The bowel in shock. The role of mesenteric arterial disease as a cause of death in the elderly", The Lancet, 25 August 1962.

Pneumonia Secondary to Other Diseases

"**Pneumonia may be secondary to tuberculosis, emphysema, arteriosclerosis, hepatic cirrhosis, nephritis, diabetes, typhoid, influenza, diphtheria, and plague.**

Anaesthesia by ether is thought to predispose toward pneumonia by irritation of the respiratory tract.

The frequency of ether pneumonia in abdominal operations suggests the possibility of embolism as a factor.

Various microorganisms are found - colon bacillus, streptococcus,etc.

The physician may often fail to recognize this type because it is atypical, ill developed, or masked by the primary disease. Pathologically, the hepatization is rarely typical and is more lobular than lobar; the lung section is smooth and moist, and the exudation is more cellular than fibrinous.

Chronic Generalized Tuberculosis

The younger the child the less local and the more general is the tuberculosis. Measles, pertussis and influenza are very prone to arouse a latent tuberculosis in the bronchial glands. The course is generally less chronic than active, like that of tumors in children. Emaciation, anaemia, enlargement of the spleen and liver, moderate intumescence of such peripheral lymph glands as the cervical, inguinal, and occipital, are observed. Fever may occur only toward the end of the process. Hectic fever is seen chiefly in children over 3 years.

The sputum is swallowed, but washing the stomach recovers bacilli-laden sputum.

Bronchopneumonia

Bronchopneumonia is no specific bacteriological disease.

According to Netter, in adults about 1/3 of the cases show more than one organism, among which the Pneumococcus ranks first and the Streptococcus second; and about 2/3 show one germ, of which the pneumococcus constitutes 39%, streptococcus 31%, Friedlander's bacillus 23%, and the staphylococcus 7%; in children mixed infection is present in half the cases, the streptococcus predominating, while in the other half there is but one organism, the pneumococcus being the most common.

Others, as Deurck, maintain that most cases show mixed infection. Other germs found are the influenza, typhoid, tubercle and colon bacilli, Pfeiffer's Micrococcus catarrhalis, Micrococcus tetragenus, and meningococcus. The tubercle bacillus is often associated with the pneumococcus.

In some cases microbes may act directly on the lungs, as in the primary cases in children, in the influenza of adults, and in aspiration or inhalation pneumonia.

Enteritis is constant in some infections, from the action of microorganisms or their toxins, as in typhoid; it is frequent in others, as in sepsis, or influenza." - Dr Arthur R. Edwards, MD, in "A Treatise on the Principles and Practice of Medicine", 1907.

The Absorption of Intestinal Toxins

"I propose to summarize our work on the general topic of the **host's defence against massive tissue injury**.

This involves the intestinal circulation, and, in dealing with it, I am obliged to deal with **the splanchnic circulation as well.**

1. Data showing that bacteria and bacterial endotoxins are being continuously absorbed from the gastrointestinal tract, and

2. Data indicating that the antibacterial defence mechanisms are rapidly depleted in shock, so that invading, or injected bacteria that are readily destroyed in the normal animal cannot be destroyed and, in fact, multiply during shock.

Clearly, then, the reticuloflndothelial (RE) system (most of which resides in liver and spleen) must be severely damaged in shock.

Therefore, any process which induces severe, generalized, and prolonged vasoconstriction also weakens this system and inevitably allows an endotoxemia to develop.

Since bacterial endotoxins are themselves vasoconstrictor agents, they would serve to create a vicious cycle and induce an irreversible situation.

A lethal toxin was demonstrated in these bloods by infusing them into test recipients (dogs or rabbits) with a damaged RE system.

The recipients die in shock; but if these bloods have been perfused through a healthy spleen, the recipients survive.

Since perfusion of this blood through some other healthy organ like the kidney does not remove the toxin, the toxin is one which an RE system can extract **and is probably an endotoxin.**

This is strong support for the view that the shock is primarily due to bacterial endotoxin.

The most telling point about **the commanding importance of the state of the RE system in the liver** during

shock is the observation that; **most experimental animals and nearly half of the elderly patients that recover from severe and prolonged shock die later because of sepsis." -** Dr Jacob Fine, MD in "The Intestinal Circulation in Shock", Gastroenterology, February 1967.

"The severest and most rapidly fatal form of shock is that caused by overwhelming infection.

In some infections, e.g., in cholera, a critical loss of fluids may occur so rapidly as to produce shock and death within a few hours. Regardless of how shock is produced, the fundamental pathology is the same: there is an acute and persisting deficiency of flow of blood through the tissues.

This deficiency deprives the tissues of their normal complement of oxygen and a host of other substances provided by the blood, and impedes the removal of waste products. If unrelieved, this situation leads inevitably to failure of some vital function and to death.

The time of death depends on how soon any one of the vital functions fails.

From where Endotoxins come? There is no known reservoir except that in the intestine, and perhaps also in the mouth, nose, and throat.

Thus the intestinal bacteria stand as a constant threat to the organism. They threaten it not only in haemorrhage or in massive trauma, but also in less overt circumstances.

Illnesses like cancer, severe diabetes, ulcerative colitis, and so forth deplete the integrity of tissues in general and of the RE system in particular, and endotoxins are less and less effectively neutralized. A time arrives when the endotoxins no longer can be resisted. The actual cause of death in such diseases, then, may be a terminal state of irreversible shock due either to overt infection or intestinal bacteria rather than the disease itself.

Hence we have come to understand more fully one of the most common causes of death." - Dr Jacob Fine, MD in "In Search of a Poison", Daedalus, On Evidence and Inference, Fall, 1958.

Toxins of Colonic Bacteria and End-Products

"Various separate features of the neurasthenic condition have been considered by different specialists in the light of diagnostic entities belonging to their special department.

This has been a fault belonging to the present stage of our cultural period. In all progress we have first the era of superstition; then the era of analysis, during which vast numbers of facts are liberated by investigators. Finally comes the stage of synthesis, in which the associative faculty of the diagnostician in medicine can be employed for bending the parallel rays of specialists facts through the lens of his mind. At present we have not emerged from the analytic era in our consideration of the subject of neurasthenia.

The surgeon, for instance, has taken charge of the subject of loose kidney, considering it to be a diagnostic entity. On that basis he has passed through various experiences.

At first it was considered desirable to fix a loose kidney merely on the basis of knowledge that it was present.

Some patients were benefited, many others were not; and the next stage of observation was largely in the field of giving mechanical support to loose kidneys while looking after the general hygiene of the patient.

Now the surgeon returns to the point of believing that fixation of the loose kidney in selected cases will dispose of a large number of the secondary group of symptoms which are dependent upon the presence of loose kidney as a precipitating factor.

The psychiatrist takes up the subject from an entirely different viewpoint, forming a parallel ray with the viewpoint of the surgeon, the 2 rays not converging, but awaiting the coming of a synthetic mind.

The psychiatrist holds that the causes for neurasthenia rest in the psyche of the patient, and if he can give proper direction to the psyche, through suggestion to the patient, loose kidneys perhaps will go back into place and sagging colons may arise to their normal positions.

The neurologist follows another parallel ray, not bending toward that of the surgeon or toward that of the psychiatrist.

He believes that treatment which will increase the general nerve tone of a neurasthenic patient will dispose of the features belonging to both physical defect and to mental aberration. His parallel line of view also awaits bending by the synthetic lens.

In arriving at a diagnosis of the fundamental condition in neurasthenia, it seems to me that we are obliged to consider the close relation in general between structure and function, no matter whether this relates to the daily cell construction of various organs (belonging to flux of protoplasm) or whether it belongs to arrested development of organs, or to abnormal mechanical relation of organs one to another.

On this basis it is essential in making a diagnosis of the condition of neurasthenia to go back to our fundamental position, and ask why various defects in the protoplasm of cells, or arrangement of cells in organs, or abnormal position of organs in relation to each other should occur.

We know that cell construction, development of organs, and the position of organs, depend more or less upon the influence of hormones; that the secretion of hormones depends upon dictation by the secretion from ductless glands; and that physical cells of ductless glands are influenced by toxins.

We know further, that toxins which influence the ductless glands abnormally are largely derived from the bacteria of the colon.

More than 60 species of colonic microbes, bacterial, protozoan, or infusorial, have been described.

The toxins produced by many of these in the course of their development are definitely known to be injurious to the cells of organs.

The endotoxins, of proteid character, liberated from the bodies of microbes killed by other microbes, are also known to be injurious to the protoplasm of cells in many instances. Under conditions of modern civilized life of our present cultural period, an abnormal proportion of various

colonic microbes develop; and our methods for oxidizing their toxins or for carrying them through safe metabolic processes are not as yet arranged from a basis of science.

Our methods of treating the neurasthenic patient are at present chiefly upon the basis of art at the hands of various artists.

Science - might be described as the art of classifying demonstrable data.

Art - might be described as the science of demonstrating classifiable data.

We have applied neither science nor art, in the full sense of either word, as yet in dealing with our cases of neurasthenia.

Protoplasm is the fundamental constructive unit of organic life. Toxins of a single group of colonic bacteria which produce the indols, skatols, and phenols, may when occurring in excess beyond the metabolizing efficiency of the individual, interfere with protoplasmic daily cell construction of the ductless glands.

Internal secretion of these glands is then abnormal in character and it stimulates the secretion of hormones which are not quite nom1al in character, all of this work being under control of the sympathetic nervous system.

The sympathetic nervous system, obliged to do work out of the ordinary, becomes exhausted. We may then have splanchnic neurasthenia, which allows relaxation of peritoneal supports of abdominal viscera; and they begin to sag. With splanchnic neurasthenia there is loss of efficiency of the secretions which carry on digestion.

I have spoken only of the colonic group of toxins. At this point one needs to keep in mind the idea of proportion.

Other toxins, the end-products of various proteolytic changes, no doubt are influential in causing injury to the protoplasm of cells.

Various products of waste improperly metabolized also as toxins. In making a diagnosis, however, of neurasthenia, or of the relative values of various phases of the condition, we must begin from the bacteriologist's report of colonic findings." - Dr Robert T. Morris, MD, Professor in Surgery,

New York Post-Graduate Medical School and Hospital New York, in "The Surgeons Diagnosis in Neurasthenic Conditions", The Archives of Diagnosis, January 1913.

"In closing this critical, but also, I hope, somewhat constructive review, I merely wish to add that no one appreciates more than I do the careful and persevering experimentation given to the study of the bacteriophage phenomenon by d'Herelle.

Moreover, it cannot for a moment be doubted that the majority of his observations possess a lasting value; nor that the failure of workers to recognize the bacteriophage as a parasitizing virus of bacteria will detract from the achievements in medicine which his work has already made possible.

Taken as a whole, the grounds for present controversy lie not so much in the recognition of established facts as in their interpretation. And modes of interpretation in matters of this sort have, unfortunately, been largely determined in advance by one's biologic perspective on what I regard, at present, as the most fundamental of all bacteriologic problems the question of monomorphism and the reproductive behaviour of bacteria.

The downfall of monomorphism carries with it, not only the virus theory, but also all other current theories of the lytic phenomenon; and it may be confidently hoped that the elaboration and support of such theories represent the last of the biologic errors that can be laid at the door of this false conception of the nature of bacteria and their reproductive mechanism.

The future views, not of transmissible autolysis alone, but of several other highly important aspects of bacterial behaviour, must, it seems to me, be rebuilt on a new and firmer foundation-on the clear recognition of the far-reaching significance of bacterial cyclogeny and the often curious, dissociative reactions which are its natural and inevitable consequents." - Philip Hadley, in "The Twort-D'Herelle Phenomenon", The Journal of Infectious Diseases, April 1928.

Chapter 7

Asthma

"Many asthmatic patients vomit when the attacks come on, and this often gives relief. There may be a rash also. These symptoms show the presence of a poison." - Dr A. G. Auld, MD, in "The British Medical Journal", 7 March 1925.

Toxaemic Basis of Asthma

"The purpose of this chapter is threefold: to summarise the evidence scattered through the preceding chapters for the Toxaemic basis of Asthma:

1. To indicate the possible nature of the Toxaemia;
2. To mention certain conditions initiative of Altered Metabolism;
3. And therefore of Toxaemia.

The last first. Naturally, Heredity has been emphasised by most writers as predisposing to Asthma; but while it counts for much, **experience has taught me that upbringing, especially diet, counts for more, so much more**.

Rickets, which is associated with Asthma in children, is a disease of malnutrition, and is not hereditary.

The 3rd and 4th decades are, next to the 1st, the most prone to Asthma.

Apart from dietetic errors the case histories afford some explanation for this.

Four infectious diseases specially affect the Respiratory Tract:

1. **Measles**
2. Whooping-cough
3. **Influenza**
4. **Pneumonia**

Measles tells most in the 1st decade. Whooping-cough tells in the 1st and 2nd decades, and to it some patients attribute the start of their Asthma; but a much larger number blame Influenza and Pneumonia.

It is striking how many trace their Asthmatic woes to Influenza; and Influenza and Pneumonia are more apt to assert them selves in the 3rd and 4th decades than in the 1st.

Not only do these infections attack the respiratory tract, but what we now know of immunity leads us to explain their after-effects, not by an altered nervous system but by a subtle alteration of all the tissues.

The chemical response of the tissues whereby they - become immune to infections is an adaptation of their food - assimilating powers. Hence we can under stand how such infections tend to evoke asthma, which is a disease of nutrition.

One other condition powerfully affecting metabolism becomes operative in these 2nd and 3rd decades - pregnancy, with its sequence of parturition and lactation. Several cases clearly trace the beginning of their asthma to this.

It is an indoor life with insufficient exercise, often careless dietary, and resulting constipation and intestinal putrefaction; whereas, although many of the men, especially those who carry their food to their work, are subject to the same prejudicial diet, they have more open-air exercise; and I find as the result of a long experience with working men that the age at which a large proportion begin to complain of digestive disorder is as they are approaching 40, a fact in keeping with the figures of the 4th decade as given above.

(It would redound to the credit of the medical profession if it raised its voice for the one-break-a-day system on behalf of the working men of this country. It works well in America and in the few cases in this country where it has been enforced; I have known a decided improvement in the health of the men as the result of the change; it is more economical for the employers. The present system of starting work, often with insufficient sleep, and before breakfast, means three hurried, insufficient meals, a deteriorating digestion and wasted energy).

We are now in a position to sum up the evidence for toxaemia as the basal factor in asthma, not for getting that diseases of the respiratory orifice, the nose, are almost certain, sooner or later, to induce catarrhal conditions lower down, that this orifice is in its organisation the most complex part of the whole respiratory tract, and that irritation is apt to excite spasm there.

Clinically, we have reviewed the evidence for a toxin tending to provoke catarrhal conditions of the whole respiratory tract from nose to bronchioles, as well as spasm of the smaller bronchi and bronchioles and of the blood-vessels.

Such are the recurrent bronchitis of children as well as the chronic wheeze of the obese; laryngismus and spasmodic laryngitis; paroxysmal pulmonary oedema.

Conditions of admittedly toxic origin were seen to be frequently associated with the Asthmatic Seizure:

1. Urticaria,

2. Raynaud's Symptom,

3. "Angio-Neurotic" Oedema, Paroxysmal Pulmonary Oedema,

4. Spasmodic Colitis.

Many conditions allied to Asthma and due to Toxaemia are found in Asthmatics and in their family history:

1. Rickets,
2. Gout,
3. Eczema,
4. Hay Fever,
5. Paroxysmal Sneezing.

Periodicity, nocturnal and weekend, is found not only in asthma, but in angio-neurotic oedema, epilepsy, albuminuria, the "Monday morning disease" of horses.

The urinary changes of Asthma are such as to suggest Toxaemia: uric acid excess, occasional increase of the ethereal sulphates, transient albuminuria.

The clinching evidence for Asthma being a Toxaemia is the therapeutic one; for, unless seriously complicated, **all cases of Asthma can be improved, and most of them cured, by Anti-Toxaemic Treatment.**

Once the mucous lining of the bronchioles and smaller bronchi has been rendered irritable by the toxaemia, spasm of them will readily be induced by excitants of the vagus or of its closely related nerves, such as the 5th.

Hence in such subjects irritants to ear, nose, stomach, intestine may induce asthma.

The Toxaemic condition in Asthma arises from a perverted Nitrogenous Metabolism which is apt to be induced by Carbohydrate Excess; this is aided by the Intestinal Fermentation, and Putrefaction associated with the Flatulence and Constipation so frequent in asthmatics.

As a matter of experience, I find it more difficult to cure asthmatics while they have Flatulence; Constipation is never allowed.

Bouchard showed that the toxicity of the urine and faeces were to some extent parallel; that if you diminish the intestinal toxicity you also diminish that of the urine; he showed the presence of alkaloids in both.

Though they arise in the normal metabolism of the tissues they arise in abnormal form and quantity in perverted

metabolism. They are nitrogenous bodies.

Brodie and Dixon in 1902, found they could induce bronchial spasm in animals with characteristic asthmatic sibilus, by intravenous injection of muscarin or by stimulation of the nasal mucosa.

Brunton in 1898 remarked:

> *"Muscarin has been shown to be one of the products of decomposition of albumin, and it appears to be formed every now and then in the intestinal canal."*

Not only do the Constipation and Flatulence, so common in asthmatics, point in this direction, but so do the Urticaria and Erythema; for such rashes are often produced by enemata washing toxic substances from the bowel into the circulation.

The frequent excess of ethereal sulphates in the urine and the occasional co-existence of colitis also point to an intestinal source.

Asthma is closely associated with excess of food, particularly of carbohydrate food, relatively to the individual's metabolic capacity, and to the amount of his exercise. When these are properly adjusted to each other the asthma ceases in most cases.

If the less complex carbohydrate molecule is oxidised at the expense of the more complex nucleo-proteids, these will be imperfectly metabolised and give rise to such toxins as may cause asthma.

Signs suggestive of this are the uric acid excess, the transient albuminuria, the localised oedema of skin, larynx and lung.

When the exercise and amount of food are properly adjusted to each other, and to the individual metabolic capacity, the Asthma ceases.

We recall Bouchard's experimental observation that active open-air exercise in the country diminishes the convulsive toxins in the urine for a considerable time.

Indeed, it looks as if imperfect metabolism by the

voluntary muscles of excess of their ordinary food resulted in the toxin that caused spasm in the involuntary muscles.

The morbid changes found are the result of repeated and prolonged attacks of dyspnoea. They have been well summarised by Goodhart.

> *"These are more or less* ***Chronic Inflammation of the bronchial tubes****, shown by injection and thickening of the mucous membrane, thickening of the muscular coat of the bronchial tubes, emphysema of the vesicular structure, more or less thickening and atheroma of the branches of the pulmonary artery in the lung, and hypertrophy and dilatation of the right side of the heart.* ***The changes in the skeleton that go with these are those of Emphysema, the Curved Dorsal Spine, the Barrel-Shaped Chest, the Stiffened Ribs, the Wasted Frame.****" - Dr James Goodhart, MD, FRCP, in "Asthma and Hay Fever", A System of Medicine, Vol.5, 1909.*

We can thus understand how in a patient with thickened bronchial muscles a fit of anger or of laughter may provoke spasm.

Treatment

Dental defects must be promptly remedied, for sloppy foods and fluids with meals are not allowed; it is best to decline treatment where the patient will not see to his teeth.

Constipation always calls for correction. It is explained to the patient that as it takes 5 to 6 hours to digest a meal, that interval must be observed between meals and that hence only 3 meals are allowed in the day.

All food is to be thoroughly masticated and reduced to pulp in the mouth.

As, with slight exceptions to be mentioned, liquids with meals and sloppy foods are not allowed.

The treatment of acute pulmonary oedema, in so far as it is of toxaemic origin, and of acute circumscribed oedema,

will be on the same preventive lines as in asthma." - Dr James Adam, MD in "Asthma and Its Radical Treatment", 1913.

Further Evidence of Toxic Pathogenesis of Bronchial Asthma, Based Upon Experimental Research

"In 1905, in a paper before the Orleans Parish Medical Society, I called the attention of the profession to the importance of a consideration of the role played by intestinal toxins in producing various pathological conditions.

Since then I have given the matter special attention, and I had already collected several eases of bronchial asthma, associated with intestinal toxins, which were relieved by abolishing the intestinal toxaemia.

The discussion following this paper showed that the general opinion of the profession was opposed to the toxic pathogenesis of asthma.

In 1909, before the Louisiana State Medical Society, I reported several cases of bronchial asthma relieved entirely along dietetic lines by relieving the associated toxaemia of intestinal origin; **but discussion by Dock and others again revealed the fact that the profession was not as yet prepared to accept the toxemic basis of this symptom.**

Since first becoming interested in the subject, I have collected histories of 121 cases of spasmodic bronchial asthma, partly my own and partly from other clinicians, which were associated with an intestinal toxaemia, and were relieved by relieving this latter condition.

Bouchard, nearly 20 years ago, in speaking of paroxysmal attacks of asthma, states:

> *"These, also, I suspect, we must rather consider the result of the elimination of toxic substances than a reflex act."*

Goldschmidt (Asthma, 1910) recognizes:

1. Ein Asthma Toxicum (Aetiologische)
2. Ein Asthma Catarrhale (Anatomische)
3. Ein Asthma Reflexivum (Physiologische)

Bergmann (Das Asthma, scin Wesen und scin Bchandlung, 1910) classifies Asthma into:

1. Traumatic Asthma; caused by stimulation of the respiratory centre through trauma to the cerebrum or medulla, as well as through a psychical defect.

2. Reflex Asthma; caused by stimulation of the respiratory centre, through abnormalities in the various mucous membranes, as well as through a reflex stimulation of the respiratory centre through the central organism itself, as in so-called neurasthenia.

3. Toxic Asthma; caused by the stimulation of the respiratory centre through the toxic condition of the blood.

The hypothesis put forward to prove was:

> ***"If asthma is caused by intestinal toxaemia a definite toxin exists, which causes bronchial spasm similar in action to muscarin, and this toxin originates in the intestinal canal."***

In seeking this specific toxin, I was led to investigate the amins formed by intestinal putrefaction of the several amino-acids of normal pancreatic digestion of proteids, as I had long since satisfied myself by earlier chemical investigation and from the work of others, that the Charcot-Leyden crystals are amins closely allied to putrescin and cadaverin.

On putrefaction the several amino-acids split, off carbon dioxide and form their corresponding amins; so that we find a corresponding amin to leucin, tyrosin, arginin, histidin, and the other amino-acids formed in pancreatic digestion of proteids.

The physiological action of the several amins have been

excellently worked out by Barger and Dale, and their results, explain many of the clinical symptoms observable in uses of intestinal toxemia, although their work was carried on with a view to obtaining the active principles of ergot, adrenalin chloride, etc.

From experiments, it appears that the normal human being, as well as the cat and dog, have the power of detoxicating not only betaimidazolylethylamin but also the other toxic amins formed by intestinal putrefaction, while the asthmatic individual has apparently lost this power.

We are accustomed to notice urticaria as evidence of intestinal toxemia, while the cosinophilia in asthma and anaphylaxis are frequent accompaniments of intestinal toxemia.

In my paper before the Louisiana State Medical Society in 1909, I stated:

> *"The fact that I have found evidence of auto-intoxication in every case of asthma examined by me for 4 years, leads me to believe that during the attack there is some toxin in the blood which acts similarly to the muscarin, or which depresses the respiratory centre to such an extent that the reflex stimulation of an inflamed nasal mucosa results in stimulation of the constrictor fibers of the vagus."*

I hope to be able to prove definitely in a short time by the isolation of this specific amin from the blood of asthmatics."- Dr Allan Eustis, MD, From the Laboratory Clinical Medicine, Medical Department, Tulane University, New Orleans, Louisiana, in "The American Journal of the Medical Sciences", June 1912.

Asthma as an Autotoxemia

"Dr. James Adam, of Hamilton, Scotland, has work out the hypothesis that asthma is autotoxemic in origin, due to absorption of nitrogenous poisons resulting from intestinal putrefaction thru microbic origin, to some extent, but mainly from an error in nitrogenous metabolism the result of imperfect oxidation or enzyme action.

In other words, the poison arises from proteid food or proteid tissue. The author quoted states that the error in proteid metabolism is closely connected with excess of carbohydrate in the diet, which he explains on the theory that the oxidation of the excess of the simpler carbohydrate molecule seems to interfere with proper oxidation of the more complex proteid molecule.

Stated otherwise, the excess of energy food interferes with the metabolism of the tissues and tissue foods. And he expresses the view that the imperfectly metabolized products so resulting set up asthma.

This toxemia, whether arising in bowel or tissues or both, tends to show itself first as catarrh, later as spasm, in the respiratory tract.

This toxemia also shows itself in conditions, catarrhal and spasmodic, other than, but closely related to, asthma.

Dr Adam has been working on this hypothesis for 15 years, and time has but confirmed his views, which encourages him to put them in print.

In support of his contention he adduces a number of cases whose attacks are directly traceable to errors in diet and were promptly and permanently stop by regulating the diet.

As a result of his investigations and the work of Brodie and Dixon, he believes muscarin to be the causative poison produced in the tissues.

The doctor has had considerable experience with asthmatics and does not discard other methods of treatment as adjuvants. For instance, hypertrophied nasal turbinates, septal spurs, polypi, etc., are subjected to surgical treatment.

He states that damp air is harmful to asthmatics by reason of its interfering with oxidation. We have ourselves seen

asthma begin by a sojourn in a very damp climate, but yet the same patient later lived in a similar climate without asthma.

Dr Adam's treatment is by regulation of the diet, after a thoro examination of the patient to see that the health and physical condition otherwise are good.

He insists on 5 or 6 hour intervals between meals to allow of complete digestion, the evening meal being a light supper taken not later than 7 o'clock.

All food must be thoroly masticated.

Liquids with meals and "sloppy foods" are not allowed.

Exercise plays an important part in the treatment.

The more food ingested the more exercise required. Fresh air, likewise, is a prerequisite.

He finds that children who are kept indoors for fear of their catching cold or bronchitis develop asthma as a result.

There is to be no mixt cookery.

"The whole art of cookery for the asthmatic is the preparation of dishes at once palatable, yet easy of digestion."

Carbohydrates are not to be cooked with fats or with nitrogenous foods.

"Such mixture seriously impedes salivary digestion."

A very complete and liberal dietary is allowed, with restrictions upon the method of its preparation.

Dr Adam gives laxatives to each asthmatic once or twice a week." - in "The Medical World", December 1914.

Asthma and Hay-Fever

"Asthma and hay-fever are mild forms of shock affecting the respiratory system, and their nature does not differ from that of shock occurring elsewhere in the body.

Shock depends generally upon 2 factors:

1. A precipitation of colloid protein particles in the vessels of the organ involved.
2. A loss to the organ of oxygenated blood.

In the respiratory tract shock is caused by a precipitation of colloid protein particles in the lymphatic spaces and capillaries, and to a lesser extent in the narrowed arterioles and arteries. The particles become precipitated when they increase in size, absorb water, and undergo agglutination.

This change is termed hydration, and is brought about by any agent which will lower their surface tension to a minimum, such as histamine, nicotine, urecoline, coniine, insulin, unprotected colloid, and aluminium or ferric hydroxide.

The removal from the tissues of the corpuscular components of the blood causes an immediate reduction in the activity of the tissues. **This results in a relaxation of the peribronchial muscular tissue, so that the bronchioles are not constricted.** I maintain that constriction of the bronchioles does not occur in the most severe form of pulmonary shock, **the important feature of the condition being the relaxation of the muscles.**

The vagus plays little or no part in the actual causation of asthma and hay-fever. Less severe hydration causes the corpusclar elements to collect in the branches of the pulmonary artery, **where the cells and tissues are stimulated and deprived of oxygenated blood.**

The venous congestion attracts polymorphonuclear leucocytes, which break up the hydrated particles into smaller particles.

This inflammation, though it relieves the condition of asthma, may lead to broncho-pneumonia or any kind of infection of the respiratory system.

Palliative drugs disperse the symptoms by breaking up the protein particles into particles bearing an adequate negative charge.

If an excessive number of the particles resulting from dispersion bear a diminished negative charge, thrombosis occurs, but usually most of the particles leave the colloid state to go into true solution.

This change is termed dehydration, and the increased flow of blood in the vessels changes the dyspnoea to the inspiratory type.

The action of adrenalin on asthma is not to stimulate the sympathetic nervous system, but to disperse the hydrated particles, through its negatively charged aliphatic methyl group and its negatively charged phenolic hydroxyl group.

It is harmful if used over a long period because of the interstitial changes which it brings about in the mesenchymatous tissue, which in the end cause hydration of the protein particles in the plasma as a cyclical change.

Much better results, without these harmful effects, are obtained from strontium aspartate, calcium oleate, camphor, acetyl-choline, and choline, which are conductors; and oxygen, which is a dehydrator.

Atropine, because of the large size of its nucleus, exerts an initial hydrator effect on the protein particles, and dehydration only occurs later by reason of its negatively charged active groups. **It therefore aggravates certain cases of Asthma.** This property has escaped general recognition, doubtless because atropine is wrongly thought to have a direct action upon the vagus.

The Cause of the Attack

Any hydrator may precipitate an attack of asthma and hay-fever, especially in persons whose protein particles have already been partly hydrated.

The precipitating factor, the foreign protein, may increase

the hypersensitiveness, but to remove it does not get rid of the primary cause of the hydration.

This explains why cutaneous tests are valueless, and the removal of feathers and other sources of foreign protein from the surroundings only a palliative.

An important hydrating factor is a combination of the sun's rays and muscular exercise; this is why hayfever is most common in summer, and why asthma, is so apt to occur in September.

The prime cause of hydration is, however, Chronic Intestinal Intoxication, to which focal sepsis of all kinds is secondary.

The initial hydration or state of hypersensitiveness is caused by the entrance into the blood stream of poisonous products of digestion.

These are manufactured by mutation forms of the normal Bacillus coli communis, and consist of foodstuffs altered physically rather than chemically.

The hydrated protein particles collect in the walls of the large intestine, to aggravate the condition first by stimulating and then by paralysing the nerve-endings of the vagus in Auerbach's plexus.

This produces a hyper-activity, and later a hypo-activity, of the centre of the vagus in the brain, and finally of the cerebral cortex.

Incoordination is produced, and Intestinal Stasis is aggravated, so that the result is a vicious circle.

Treatment

The treatment resolves itself into removing, as far as possible, the chronic intestinal intoxication, in coordinating the individual, and in correcting the abnormal chemico-physical state of the protein particles.

Removal of the Chronic Intestinal Intoxication is best achieved by washing out the colon as far back as the ileocrecal valve, by having the bowels opened 2 or 3 times a day ever afterwards, by avoiding animal food as far as

possible, and in particular butcher's meat.

While the ascending colon and caecum are being washed out, drugs may be incorporated in the fluid, as absorption readily takes place through this part of the large intestine.

The best aperients to use are taxol.

The manner in which the food is cooked forms 50% of the problem of diet.

Patients who have continuous asthma and signs of interstitial pneumonia do best with iodine, thyroid, and ichthyol or thiol-amino-methyl-glyoxaline, prescribed internally.

This is the best treatment in cases of hay-fever, because both asthma and hay-fever are most frequently occasioned by the hydration undergone by certain protein particles in the plasma through the dehydration of other protein particles.

Illustrative Cases

CASE 1 - A boy, aged 7, had asthma every night, for 6 months. The attacks were aggravated by active exercise. The mother and father had been operated upon for appendicitis and the mother's brother is Case 4.

The patient had cyclical vomiting as an infant, hay-fever every year, and nocturnal enuresis occasionally. The teeth were bad and the hands were covered with warts.

The urine gave an intense reaction with the hydrochloride of di-methylpara-amino-benzaldehyde.

Blood examination was as follows:

Suspension stability of the red blood corpuscles...0·1 c.cm.
Refractive index of the serum.....1·347 3
Percentage of blood-sugar.....0·137 g.
Percentage of blood-urea.....16 mg.

Ultra-microscopic picture:

Many particles moving with many large and refractile giant particles, ringed particles, and giant particled clumps precipitated. Bacteriological examination of the excreta: 10% atypical Bacillus proteus hydrophilus.

Patient was dieted, made to have the bowels open 2 to 3 times a day, was given a course of enemas, till colon was clear. The patient recovered completely; stopped the asthma at once.

CASE 2 - A girl, aged 9, had suffered from Asthma since birth. Father suffered from Hay-Fever and his mother and brother were Chronic Asthmatics.

Patient had 1 brother and 2 sisters; the brother suffered from Asthma, and the sisters from Urticaria and Epilepsy respectively.

Blood examination was as follows:

Suspension stability of the red blood corpuscles...0·7 c.cm.
Refractive index of the serum.....1·3489
Percentage of blood-sugar.....0·112 g.
Percentage of blood-urea.....41 mg.
Ultra-microscopic picture:

Many particles moving with a fair number of giant particles, all of which had a halo around and were very refractile. The other particles moved very actively around the giant particles. There were some clumps and agglutinations precipitated.

Bacteriological examination of the excreta: 20% Bacillus foecalis alkaligenes.

Treatment - Patient was dieted, made to have the bowels open 2 to 3 times a day, was given a course of enemas till colon was clean. The patient recovered completely.

CASE 3 - A woman, aged 28, who used to suffer from **Asthma** and **Chronic Bronchitis** as a child, sought advice

for **constant Abdominal Pain**. **The patient had bad attacks of Rheumatic Fever and was supposed to have bad Typhoid Fever and Paratyphoid. She had suffered from Seborrhoea (excessive discharge of sebum from the sebaceous glands), and Acne Vulgaris, and had once been Jaundiced (unnatural yellow in complexion).**

The patient was always Depressed; she suffered severely from Dysmenorrhoea (painful menstruation, abdominal cramp), and was in every way a typical example of Chronic Intestinal Intoxication.

Blood examination was as follows:

Suspension stability of the red blood corpuscles...0·3 c.cm.
Refractive index of the serum.....1·3502
Percentage of blood-sugar.....0·118g.
Percentage of blood-urea.....18mg.

Ultra-microscopic picture: Fair number of particles moving, with some very refractile giant particles and ringed particles. There were many giant particles, clumps, and agglutinations precipitated, with some precipitated en masse.

Bacteriological examination of the excreta: 60% Morgan bacillus.

Treatment - **Patient was treated in the routine way and recovered completely.** This case shows that in spite of the asthma and bronchitis disappearing other signs and symptoms, the result of protein hydration, presented themselves.

CASE 4 - A man, aged 33, had had asthma for 14 years, and having anything to do with rabbits brought on an attack immediately and the smell of petrol frequently precipitated an attack. The patient was the uncle of Case 1.

The patient suffered from Chronic Bronchitis as a child, had had 2 attacks of Rheumatic Fever, and had been afflicted with Acne Vulgaris for many years. The optic discs were mal-developed, the ears were prominent, the

elbows were wide-angled and by perextended, and could not stand with his feet and knees together.

All the molars had been stopped or removed; the tongue was furred and the patient had aero-asphyxia. The pulse was 80 and the blood pressures registered 105 and 70 mm. Hg respectively.

An examination of the abdomen revealed tenderness in both hypochondria and both iliac fossae. The urine gave an intense reaction with the hydrochloride of di-methyl-para-amino-benzaldehyde.

Blood examination was as follows:

Suspension stability of the corpuscles.....1·2 c.cm.
Refractive index of the serum.....1·3487
Percentage of blood-sugar.....0·062 g.
Percentage of blood-urea red blood.....39 mg.

Ultra-microscopic picture: Few particles moving with some giant particles and ringed particles. There were more particles precipitated as giant particles, ringed particles, and clumps. The precipitation amounted almost to precipitation en masse.

Bacteriological examination of the excreta: 20% Bacillus proteus valeriei.

Treatment

Butcher's meat were excluded from the diet; the colon was washed out. He recovered completely and was able to resume his occupation as a motor mechanic.

Summary

Asthma and hay-fever are symptoms of disease caused by the precipitation of hydrated protein particles and by the lack of oxygenated blood in the respiratory tract.

The chief signs and symptoms are mal-coordination and a chronic intestinal intoxication.

Asthma and Hay-Fever can usually be prevented by

correcting the mal-coordination and removing the Chronic Intestinal Intoxication.

Asthma and Hay-Fever are not diseases. Asthma is not caused by a stimulation of the vagus occasioning, a constriction of the bronchioles.

When adrenalin palliates an attack it does so by causing the hydrated protein particles to disperse, not by stimulating the sympathetic nervous system." - Dr J. E. R. McDonagh, FRCS, in "The Lancet", 10 August 1929.

Chapter 8

The Toxic Origin of Disease

"Has the practice of medicine made a single step since the time of Hippocrates?" -Sir William Hamilton, FRS, in 1832, also in 1852; Dr. Warburton Begbie, MD, in 1875.

"Diagnosis, for the most part, deals only with symptoms, it has no immediate concern with the true nature of the malady, and until this has been determined progress in treatment can only be tardy and unsatisfactory.

The one may reach a position of almost ideal perfection, while the other still remains in the initial stage of vague speculation.

This is exemplified by the present state of knowledge of nervous diseases. Minute symptoms have been identified, and have been so arranged in groups as to constitute special diseases, and thus numerous forms of disease associated with morbid lesions of parts of the spinal cord or brain have been created.

To what extent, however, is the patient a gainer?

To what extent is the object of diagnosis and of all medical knowledge fulfilled?

It must be admitted that the gain in most cases is disappointing.

There is reason to believe that the disease has been caused by a toxic substance present in the body, and that according as this substance is the poison of syphilis, or of rheumatism, or of malaria, is the cure effected by remedies which have been proved capable of annulling the toxic effects of these poisons.

It is thereby shown that the disease is not truly a product of the structural alterations which are present, but of a hurtful substance or poison capable among other effects of producing these structural alterations.

Similar facts are observed with many ordinary poisons, and an association, highly significant in regard to the production of disease.

Many of the more common poisons also produce changes in structure closely simulating the changes of disease as the: Peripheral Neuritis, Anterior Cornual Degeneration, Granulo-Fatty Degenerations, and Arterial Sclerosis of lead; the Liver Steatosis and yellow Atrophy of phosphorus; and the fatty degenerations and difuse Sclerotic Hyperplasia of the Liver, the Peripheral Neuritis and the Atheromatous changes in blood vessels produced by alcohol.

It is strongly suggested that the structural changes found in many diseases may, after all, be mere manifestations, associated with other effects, of a cause which would thus assume the importance of being the essence, the vera causa, of the disease, and that this essence is a toxic substance.

It has been demonstrated that the body is constantly subjected to the risks of poisons produced within itself, as well as of poisons introduced into it from without.

Many of the poisons produced in the body, such as the ptomaines and leucomaines, are of the chemical nature of the previously known alkaloids, and not a few of them rival the vegetable alkaloids in toxic power and reproduce their leading effects.

Nervine, for instance, is lethal in minute doses, and acts in many respects like pilocarpin; while muscarin finds its analogue in the active principle elaborated by poisonous fungi.

The organism, even in a state of health, is a veritable storehouse of these toxic substances. Many of its normal constituents, such as potash salts and carbonic acid, are

well-recognised poisons; many of the products of its glands, such as saliva and bile, contain toxic ingredients; many of the substances formed in the processes of disassimilation, and which enter such secretions as the urine and the intestinal canal, are capable of disordering health and even of endangering life; and in disorders of function, even if they amount to little more than mere disturbance of nutrition, poisons not found in the healthy

body are generated and produce the symptoms of disease.

By such toxic influences the symptoms of:

1. Cholaemia
2. Gout
3. Rheumatism
4. Uraemia
5. Diabetic Coma
6. Stercoraemia, and probably also of Chorea
7. Sunstroke
8. Neurasthenia
9. Asthma
10. The idiopathic Anaemias

Receive a sufficient explanation, even although the toxic substances have not in all cases been identified.

The doctrine of the toxic origin of disease has also been applied to mental affections. Auto-intoxication from poisons. produced in the intestinal canal is believed to be an important factor in the causation of insanity, and already neurologists, such as Nissl and Van Giesen, have expressed the opinion that the toxaemic theory is destined to clear away much of the present vagueness regarding the pathogenesis of mental disease.

Further, it is not improbable that in cancer, autointoxication by a poison generated in the cancer cells, equally with, and in some instances to a greater extent than, structural degenerations of invaded tissues, accounts for the symptoms and for the fatal termination-a probability which has been strengthened by the separation from cancer of a substance possessing a hyperthermic and powerfully lethal action.

The widely acting pathogenic influence of poisonous substances has, however, received its most definite and convincing support from the remarkable discoveries in bacteriology which have signalised this period.

A theory of the parasitic origin of these diseases had been

propounded, and its more enthusiastic supporters gave a reality to their views by such statements as that syphilis was caused by a minute worm, and measles, small-pox, and plague by infusorial animals or invisibly minute insects.

With the introduction of the compound microscope the parasitic theory disappeared in this gross form of it, and the fermentative theory was again adopted. It was not, however, until 1861, when Pasteur's great discovery of the nature of butyric fermentation was made public, that the sufficiency of the theory became revealed.

His demonstration of the essential part played by minute living structures in the transformations which constitute the process of fermentation at length removed the process from the mysteries which had previously surrounded it, and opened up applications to the pathogenesis of infective diseases which have revolutionised medicine.

He pointed out that the organisms of fermentation are similar to those which had already been discovered by Rayer and Davaine in anthrax. He subsequently demonstrated the virulent nature of the microbes of pyaemia and infected gangrene, and, following Koch's work on the cultivation outside of the body of the bacillus of anthrax, he proved also that this bacillus, as well as that of fowl cholera, is able, when grown in suitable media, to reproduce itself almost indefinitely, and to retain for many generations its power to cause the symptoms of the original disease when inoculated into animals.

The way was thus opened up for important additions to the knowledge of the etiology of infective diseases, and, in rapid succession, the pathogenic micro-organisms of swine fever, glanders, tubercle, Asiatic cholera, septicaemia, erysipelas, pneumonia, and numerous other infective diseases were discovered.

The pathogenic action of the microbes was at first attributed either to mechanical obstruction of the blood vessels, caused by their accumulation in them, which resulted in asphyxia of organs essential to life; or to a biological action which enabled them to appropriate nutritive materials destined for the tissues of the body, and

thus to deprive these tissues of life.

While, in the case of a few of them, both of these actions may to a slight extent explain their effects, it was subsequently proved that these effects are mainly caused by the poisons which they produce.

The poisons are of complex composition; some are alkaloids, and others modified proteids, and others, again, have altogether unknown chemical composition.

Many of them are of extreme and almost indefinitely great activity: 1 milligramme, for instance, of the dry poisonous constituents of tetanus toxin is sufficient to kill a horse, or 6oo million times its weight of living tissue; while the hyperthermal effects of tubercle toxin are appreciable when the dry toxin in doses of from one to two-tenths of a milligramme, is injected, representing a strong reaction on 6o trillions of its weight of living human substance.

Like other poisons, further, they are capable of producing structural changes, exemplified in the skin eruptions produced by many infectious diseases; the focal necrosis of peripheral nerves produced by the diphtheria poison; the fatty changes and longitudinal fibrillation of the heart muscle produced by this poison, and also by that of anthrax; time cerebro-spinal meningitis produced by the poison of influenza; the anterior cornual and muscle degenerations and the neuritis produced by the poisons of tetanus and diphtheria; the acute parenchymatous and hiemorrhagic nephritis produced by serpents venom; and in the production of nodules in the lungs, reproducing the characteristics of pulmonary tuberculosis, by dead tubercle bacilli.

The demonstration of the toxic origin of infectious diseases has thus added greatly to the number of diseases which are caused by poisons, and has thereby been largely instrumental in establishing the doctrine of the toxic origin of disease.

Unlike the older doctrines, this doctrine is supported by an abundance of convincing facts; and it may confidently be anticipated that it will have an endurance which former systems of medicine have not possessed.

Large numbers of disease-producing poisons are thus ever present in the body, created by the normal processes of life, and abundantly produced by departures, even in themselves unimportant, from these processes. Many substances well known to have poisonous properties are intentionally introduced into the body, such as alcohol, tobacco, tea, and opium, while others, such as lead, accidentally find their way into it.

The respiratory passages and intestinal canal are crowded with micro-organisms, and they teem in the soil, air, and articles of food. Many of them are producers of virulent poisons, and when they effect a lodgment in the body and find conditions congenial to development, they proliferate with so great rapidity that a single bacterium may in 24 hours have multiplied itself into many millions of separate toxin creating organisms.

In these circumstances, it is of interest to inquire what defence man and other animals can oppose to time disease and death-producing poisons by which they are so constantly endangered?

Instances have long been known of the possession of defensive powers against the ordinary poisons, organic and inorganic.

Certain animals are by hereditary endowment able to receive with impunity large quantities of poisons, which in minute quantities are hurtful to other animals, well exemplified in the enormous quantities of belladonna and opium which maybe administered without injury to herbivora.

It is also notorious that man and other animals may become so habituated to the action of several toxic substances that, in the course of time, doses greatly in excess of the minimum lethal are no longer able to cause death or even much inconvenience.

Such acquired powers of defence are produced against arsenic, opium, alcohol, and tobacco, and they are also illustrated in the effects of nitrile ethers.

Explanations for these exceptional powers of defence have been found in the special activity of the processes of

elimination, and particularly of elimination by the kidneys, whereby the quantity of poison requisite to cause injury is prevented from being present in the blood; in an unusual power of producing decomposition, probably dependent on special chemical conditions of the blood, by which, for example, herbivorous animals are enabled to convert very large quantities of atropine into relatively inert tropine substances; and on the property which certain organs, and especially the liver, possess of absorbing and retaining toxic substances and of thus preventing their access to the structures on which they act in quantity sufficient to be hurtful.

In the case, further, of many organic poisons, absorption and diffusion are impeded by the walls of cells, as in the instance of the slow absorption of strychnine through the stomach walls and of many albuminoid poisons through the intestinal epidermis.

These explanations, however, do not account for all the observed phenomena, and it must in the meantime be assumed that tissues may gradually become accustomed, possibly by exhaustion, to the perturbations produced by substances which modify their normal condition, so that by-and-by a tolerance is induced.

Anticipating some statements which will afterwards be made, a fundamental difference exists between both congenital and acquired defence against ordinary poisons and that resulting from the action of disease toxins, venoms, and such-like poisons, in so far that in the former there is not produced in the blood any substance which plays the part of an efficient counter-poison or antitoxin.

The subject has, however, gained a new importance from the remarkable facts discovered in connection with the poisons generated by pathogenic micro-organisms, and in connection also with other poisons of very similar chemical composition, represented especially by the venom of serpents and by the vegetable products abrin and ricin.

It had long been known that many infectious diseases conferred upon those who had suffered from them a power of resistance against subsequent attacks of the same disease.

After the discovery had been made of the microbian origin of infective diseases, it was experimentally shown that if the microbes constituting the cause of any infective disease were inoculated into animals, not only were symptoms of the disease produced, but also that the animal, if it survived, reproduced still further the events of an infectious illness, by acquiring a power of successfully resisting the morbific influence of the same microbes subsequently inoculated.

It has likewise been found that each of these events could be reproduced by the filtered, and therefore microbe-free, solution, in which the pathogenic microbes had been cultivated, and thus it was demonstrated that neither the original disease nor the subsequently acquired production was actually due to the microbe, but to toxic substances produced by it.

From this position the further great advance was made that time blood serum of protected animals, itself destitute of poisonous properties, when introduced into non-protected animals conferred upon them a resisting power which might be so great that even large lethal doses of the virulent microorganism and of its toxin no longer produced death or even symptoms of poisoning.

These remarkable results of experiment deservedly claim much attention. They irrefutably demonstrate that infectious diseases are in their essence poisonings; they throw much light on the mystery, of the nature of the protection acquired by attacks of infectious disease or conferred by vaccination; and they have not only at once led to valuable therapeutic results, but they indicate further applications, both in the prevention and treatment of disease.

Inquiry into the nature and cause of this protection has thereby been removed from the position of speculation long occupied by it to one in which experimental methods could be pursued with some hope of solving the problems.

More especially does this apply to the nature of the process whereby protection or immunisation is obtained, to the origin of he protection-producing substances or

antitoxins, and to the manner in which they act as curative or therapeutic agents.

As in the case of some of the ordinary poisons, mineral and vegetable, it may be admitted that a portion of the acquired protection is due to the tolerance brought about by the accustoming of the structures of the body to the action of the poison, but this tolerance could not continue for the long periods during which acquired immunity sometimes persists after the infected disease has been recovered from.

It may also be admitted that pathogenic micro-organisms absorb and thus remove from the body certain constituents necessary for their growth and vitality, whose removal may, to some slight extent, render the body unsuited for the further growth of these organisms; but, apart from other objections that might be advanced, it is inconceivable that this cause could operate in the bodies of animals which so rapidly change the composition of all their constituent parts, and that therefore the substances which have been removed would not very soon be again restored to the body, and thus render it vulnerable to fresh infections.

The doctrine of phagocytosis, enunciated and ably and strenuously supported by Metchnikoff, in which protection is attributed to the power possessed by leucocytes of absorbing and destroying microbes, may to a limited extent account for the destruction of living microbes, but it probably accounts to a greater extent for their disappearance after life is extinct; while it can have but little influence upon the soluble toxins which, since the introduction of the theory of phagoeytosis, have been proved to be in most cases the true cause of the disease symptoms.

The frequent persistency of immunity, not only exemplified in the after-history of patients who have recovered from certain of the infectious diseases, but also in vaccination against small-pox, as it alone serves to disprove each explanation yet advanced of the essential nature of acquired protection, must be taken into account in formulating explanations.

The micro-organism of an infected disease introduced into the body produces the characteristic symptoms of the

disease, and, if the animal recover, subsequent inoculations of this micro-organism no longer produce any injury. The animal has become protected against the disease, and there is abundant clinical evidence to show that in the case of the majority of infectious diseases the immunity lasts for many years.

The pathogenic organism of the same disease cultivated outside the body produces a toxin which when administered to an animal likewise reproduces the symptoms of the disease, and if the animal recover, and further quantities of the toxin are successively administered, an immunity may be acquired so great that the animal suffers but little inconvenience when times the minimum-lethal dose, or even a larger quantity, of this toxin is now administered to it.

The immunity acquired in the latter case is, however, only of short duration. I do not know if the duration of it has been defined with any of the toxins of disease, except with the toxin of diphtheria, and Roux and Klein have shown that with this toxin it lasts only from 5 to 7 days.

Enough, at least, has been done to show that it is brief when compared with the immunity produced by the Microbes from which the toxins had originated, and Klein remarks that a serum which may be relied on to afford any durable protection is still a desideratum. It is also interesting to note that Monckton Copeman has found that filtered so as to remove from it all solid particles, and therefore presumably all micro-organisms, can produce only a briefly lasting protection against unfiltered vaccine lymph of normal potency.

In the case of the venoms of serpents - which in composition, and in other important respects, are analogous to the toxins of disease - the duration of immunity has, however, been defined; and experiments have shown that if an animal be protected so as to survive the minimum-lethal dose of the cobra venom, the protection produced against the same dose of venom does not last longer than a few hours; and even when the process of the immunisation has been carried so far that the animal can survive 4 times the minimum lethal, the protection against this dose of venom

exists for only 30 days.

The protecting substance, antitoxin or antivenin, which appears in the blood after inoculation with pathogenic microbes, or after the injection of toxins or venoms, is chemically unstable, and is subject also to the general processes of elimination. Its presence in the body, even when the quantity of toxic stance to which it owes its origin is greatly above the quantity of toxin which has been elaborated in a case of infectious disease by the pathogenic organisms of that disease, is measured by days only; and, nevertheless, the protection produced in a patient by an infectious disease apparently endure for a lifetime, and the immunity from pox gained by vaccination for at least 7 years.

It appears to me impossible to explain these contrasting on any other supposition than that, in the instances longed immunity, successive supplies of the antitoxin disease, or of small-pox, must be furnished to the body the time that protection continues.

It is not possible, however, that these supplies could emanate from the pathogenic organism itself, for the life of the host would not endure it retained in the body in its condition of original virulence. Jenner himself believed that vaccinia modified small-pox. The microbe of small-pox, like microbes, is greatly influenced by its surroundings.

I transferred from man to the calf, it is now known that it may gradually acquire the characteristics of vaccinia, and t elaborate substances which reproduce in man the protective effects of inoculation with human vaccine.

The microbe of small-pox, therefore, has obviously become so modified that, it can no longer produce a virulent toxin, it still retains the power of elaborating a protective antitoxin, and also retains sufficient vitality to reproduce its like through many generations in the human body.

Evidence pointing in the same direction has been obtained with other pathogenetic microbes. Pasteur found that the microbe of fowl cholera, when treated in a certain manner, can have its virulence greatly lessened, and if it be then injected into the tissues of fowls, only slight poisoning

is produced.

From fowls thus treated, microbes are obtained also capable of producing only slight poisoning, and inoculations can be carried through a successive series of fowls with a like result. Each of these fowls had by this inoculation with a weakened or attenuated microbe become protected against the original and virulent microbe.

In the case of the pathogenic micro-organism of anthrax, this great pioneer in the field of the microbian etiology of disease discovered similar facts. If grown outside of the body at a temperature of 42.50 C. for 8 days, this microbe could no longer produce the disease in susceptible animals, but notwithstanding, it endowed them with a certain degree of protection against the original virulent microbe. Similar results were obtained with the microbe of hog fever, and it is important to note that a duration of immunity exceeding that known to be produced by any toxin was obtained, for the protection following inoculation of the attenuated microbe lasted for at least 1 year.

These instances are sufficient to show that immunity equally with poisoning is dependent upon a soluble substance produced by the micro-organisms: that the duration of even a high degree of immunity resulting from the introduction into the body of the immunising substance as distinguished from the microbe is only of brief duration; and, accordingly, with the existing evidence, it is impossible to account for the prolonged immunity following upon the recovery from many infective diseases, or from inoculation with vaccine lymph, otherwise than by assuming that so long as immunity continues the microbian sources of infective disease continue to exist in an attenuated and otherwise modified form in the protected body.

Attenuation for the purposes of protection would therefore appear to be essentially a process in which the condition of life of the microbe is so altered that its capacity for manufacturing poisons is weakened or destroyed, while its disease- preventing properties are retained.

Unless by education we can so tame and civilise a pathogenic microbe as to subdue its virulent and hostile

disposition, while at the same time its beneficial and protective properties are left unimpaired, the hope of obtaining - as for plague, cholera, and tubercle – immunising vaccines equal in efficiency to the lymph of vaccinia will probably never be realised.

The theory which have suggested implies that long-enduring protection from infective disease cannot be obtained by the introduction into the body of either the poisonous or the immunising products of microbes-the toxins or antitoxins but only by inoculation of such microbes as are capable in the body of assuming a non-virulent form, or of microbes already converted into this form.

I would here point out that,however highly we may value the objects and success in some important directions of the experiments of Dr. Monckton Copeman and others on the effects of glycerine upon vaccine lymph, it must not be overlooked that the powerful microbicidal action of glycerine upon the contaminating organisms of this lymph may, in the course of time, weaken or even destroy the activity of the specific organism by which the long-lasting protection against smallpox is produced.

In the ease of some diseases it is possible that the modification of the pathogenic power of the micro-organism necessary to convert it from a poison-producing to an antidote-producing agent cannot be accomplished in the body.

Thus may be explained the failure of certain diseases to protect the body from subsequent attacks of the same disease, well recognised in the instances of:

1. Pneumonia
2. Influenza
3. Diphtheria
4. Rheumatic fever
5. Erysipelas
6. Tubercle

On the other hand the microbes of other diseases may, in small numbers, and attenuated both in virulence and in

power of conferring protection, persist in the body after convalescence has been established and actually rendered it not only more susceptible to fresh infection but also to a recurrence of the disease by auto-infection.

Results obtained by experiments with toxin and venom support the former possibility, for owing to some as yet unexplained individual peculiarity, an animal which had received a number of successive doses of toxin or venom, each considerably below the minimum lethal, instead of having thereby acquired protection, may unexpectedly exhibit serious symptoms of poisoning, and may even die when it receives a dose considerably below that required to produce death in an animal which had not previously received any toxin or venom.

The probability of the second event is supported by the well-known effects upon the life and pathogenic power of microbes of changes, even although slight, in the conditions to which they are subjected.

A change in temperature, the addition to, or removal from the fluid:in which they are grown of a minute quantity of a chemical substance, may convert anon-virulent form of a pathogenic organism into a virulent form.

Similar causes may, outside the body, also render moderately or intensely virulent a previously non-virulent microbe, and thus may be explained variations in the severity of epidemics, as well as the occurrence of outbreaks of infectious disease not originated by infection from any previously existing case.

The dependence of microbial existence upon the composition of nutrient media may also partly account for the age liability which forms so conspicuous a feature in the history of such infectious diseases as scarlet fever, measles, and whooping cough.

Further, pathogenic microbes, attenuated as to their virulence but not as to their protective power, may enter the body and render it, immune by a process of accidental vaccination; well-authenticated examples known to all of us, of repeated exposure to infection without the production of

disease, and of the immunity enjoyed by the inhabitants of towns and districts daily subjected to the virus of typhoid fever, malaria, or yellow fever.

These are not mere hypotheses unsupported by experimental data. Describing the results of his experiments on anthrax, Pasteur states that when fowls are inoculated with the virulent microbes of this disease, they remain well until they have been cooled down to a subnormal temperature; and, in the earlier stages of the poisoning thus induced, if the temperature be again raised, the symptoms of anthrax disappear and the fowls recover.

Anthrax microbes, as well as those of fowl cholera, if cultivated at a temperature between 42° and 43° C., acquire varied degrees of lethality according to the age of the culture, and the microbes of each variety of lethality can be almost indefinitely reproduced by maintaining certain conditions of cultivation.

If microbes so grown as to be no longer able to produce anthrax in rabbits are first inoculated in a successive series of experiments in young, and, for that reason, extremely susceptible rabbits, and if the microbes obtained from the last of the series are then inoculated into somewhat older and finally into adult rabbits, the original virulence of the microbe is found to have been regained.

> *"The work in my laboratories, has established that* ***pathogenic microbes are not morbid entities. They can assume various forms of physiological activity, depending on the media in which they live and multiply. As a consequence, one can modify their virulence.*** *It can be exalted or enfeebled, and each state can be fixed." - Pasteur*

The Origin of the Protection-Producing Substances - Antitoxins or Antivenins

It is important to bear in mind that the symptoms of a pathogenic disease, the toxic phenomena by which it is characterised, are, with a few doubtful exceptions, directly caused by the poisons generated by micro-organisms, and not by the micro-organisms themselves.

The production of microbicidal agents does not, therefore, in connection with this question, require consideration, but it may be pointed out that **there is evidence of the production, both by toxins and by micro-organisms, of substances specially unfavourable to the vitality of the microorganisms themselves.**

The production of antitoxin in the body, whether following the introduction of virulent microbes or of toxins entirely free from microbes, has generally been explained by a reaction occurring in the tissues of the body, whereby either a proliferation of leucocytes and the production by them of the protecting substances is excited, or the normal cells of the body are stimulated in such a way that they secrete the protective substance. I have, to some extent, already discussed the question of phagocytosis, which is involved in the first explanation. To the objections that have been stated there are others which can be derived from the results of observation and experiment.

In many instances, when immunity to a high degree has been produced by venom, no increase can be found in the number of leucocytes immediately, or at varying periods, after the subcutaneous injection of large, though, in the circumstances, easily tolerated doses of venom.

Further, when one half more than the minimum-lethal dose of venom is mixed outside of the body with antivenin, and the mixture injected into an animal, the quantity of antivenin required to prevent this lethal dose from producing death is only the quarter of a cubic centimetre; whereas if the antivenin be administered 30 minutes before the same dose of venom, as much as 3 cubic centimetres are required.

That is to say, in conditions which are the more favourable for the proliferation of leucocytes, or for the production by them of protecting substances, the antivenin is less efficient as a protecting agent than when the conditions are much less favourable.

As to the second theory, often termed the reaction theory, it is also opposed by the experiments I have last mentioned,

but equally so by the fact that a high degree of immunity can be produced by an appropriate adjustment of doses without any observable reaction occurring.

Even when a distinct reaction, such as an elevation of temperature, is produced during the process of immunisation, the production of the reaction is in itself of no other significance than that a dose of an active substance, sufficiently large to cause an observable effect, had been administered.

Although searched for, no proteolytic or fermentative action has been discovered in the case of any toxin or venom; by subjection to certain external influences, such as elevation of temperature, and the influence of electric currents and of certain chemical reagents, toxins and venomi may have their poisonous action destroyed, while the immunising or protective action is retained; and toxins have been found actually to contain protective or remedial substances along with their toxic ingredients, as shown, for instance, by Hunter in the case of the toxin of tubercle.

These considerations suggest that the protecting substance originates directly from the toxin, or is indeed an ingredient in its complex composition.

The suggestion is supported by experiments which show that the degree of protection artificially produced in an animal for it is, perhaps, not unnecessary to state that protection and immunisation are only relative and not absolute-is proportional to the total quantity of toxin or venom introduced, rather than to the amount of reaction produced in the animal by any of the several administrations.

The remarkable facts which have been described in connection with the stomach administration of venom,

obtained also by Ehrlich and Kobert with the somewhat similar bodies abrin and ricin, seem likewise to receive their most satisfactory solution on this supposition.

A dose of venom, several hundred times greater than is requisite to produce death by subcutaneous injection, fails when introduced into the stomach to produce any poisonous symptom whatever, but still so protects the animal that considerably more than the minimum-lethal dose may now be subcutaneously administered without producing death.

It is difficult to account for these facts otherwise than by assuming that the venom while in the alimentary canal had been subjected to a process of analysis, as the result of which its toxic constituents had been separated from those that are antitoxic or protective; and while the former had either been destroyed or had failed to be absorbed, the latter had passed into the blood in sufficient quantity to protect the animal against otherwise lethal administration of venom.

The facts already ascertained appear to indicate that the antitoxic or immunising substances originate not from vital reactions upon constituents of the body but from the toxins themselves, being produced by chemical changes in them, or being actually among their normal ingredients.

The manufacture of the immunising substance is attended with much difficulty. A satisfactory antitoxin can rarely be obtained until a tedious process, extending over several months, has been followed.

Antipneumococcus serum requires as long a time as 6 months, the immunising serum of yellow fever from 12 to 18 months, and the nearest approximation yet obtained to a satisfactory protecting serum for tubercle the almost impractical period of several years.

Were it recognised that the antitoxin originates directly from the toxin, the preparation of it would be freed from existing difficulties and mysteries.

In the case of ordinary poisons it has been well established that recovery is largely promoted by hastening the removal of the poison from the body; and the eliminative treatment which has long been followed in

many diseases thus finds in their now definitely established toxic origin a sufficient explanation and justification.

Clinical and experimental evidence, not restricted to ordinary poisons, but gained also from the study of the effects of toxins and venoms, has taught us that treatment should also include the adoption of measures for increasing the resistance afforded by the body to toxic and morbific processes.

If a dose of venom below the minimum lethal be administered to an animal, and, after all obvious. symptoms of poisoning have disappeared, this dose be followed by a second, also considerably below the minimum lethal, the animal may die, although each dose was in itself insufficiently large to cause death.

If an animal has been inoculated by a non-lethal quantity of the virus of a recognised disease such as anthrax, and, after recovery has apparently been established, if a non-lethal dose of the virus of another disease be inoculated, death will follow the inoculation of the second dose, although that dose is quite insufficient of itself to produce death in an animal which has not previously been thus treated. In both cases the power of resistance has been so weakened by the first and apparently recovered-from administration that a quantity of virus in itself insufficient to cause death now succeeds in doing so.

From such examples the explanation is found of the widely prevalent employment of means to increase the strength or resistance of a patient, of the value of tonics and foods and of fresh air and light, not only in promoting recovery from illness, but also in actually preventing a fatal termination.

Expressed in another form, they constitute means for slightly increasing for any given degree of disease the minimum quantity of the disease-producing influence or substance required to produce that degree of disease.

These as well as other methods of treatment that might be referred to do not, however, directly affect the true cause of the malady.

Hitherto this cause could be counteracted or opposed only, in the instances of the well-known poisons which are dealt with by toxicology, and of a very few diseases such as ague and syphilis, in which the cause was surmised, without being proved, to be a poisonous substance; and in substances fitted to antagonise these poisons by chemical combination, or, though only to a limited extent, to counteract their effects by physiological processes therapeutics has possessed satisfactory resources.

By the demonstration of the production of many diseases by toxins generated by microorganisms, the opportunities for the application-of these principles has been greatly extended. Diseases whose treatment had previously rested on an uncertain basis have now been brought into the range of rational therapeutics; and it has been shown that morbific processes which had already become so definitely established as to display serious symptoms can be entirely arrested, and above all, that illnesses which would otherwise inevitably terminate in death may be so perfectly controlled that the fatal termination can be prevented and recovery ensured.

A dose considerably above the minimum lethal of the toxin of tetanus is administered to an animal. Several hours after the administration, when symptoms of tetanus had manifested themselves, the antitoxin of tetanus, derived from an animal which had been immunised against the virus, is injected under the skin, and in a short time afterwards the symptoms of the disease disappear and the animal recovers.

A dose of cobra venom sufficient to cause death in 2 or3 hours is administered to an animal; the venom illness is developed, and while it is quickly advancing to apparently an early death, a dose of antivenin-the blood serum of an animal highly immunised against this venom is administered, and by-and-by the symptoms become mitigated, and in a few hours the animal, which otherwise would certainly have died, is restored to a perfectly normal condition.

By this antidotal treatment, further, not only is disease

arrested and even death conquered, but the structural alterations in the muscle fibre and elsewhere that the tetanus toxin produces, and also the acute and rapid changes in the parenchyma of the kidney, characterising the poisonous action of serpent's venom, are altogether prevented from occurring.

How are these marvellous therapeutic or curative effects to be explained?

The explanations that have been advanced are essentially the same as those applied to the production of immunity, and they have already been disposed of in the discussion of that subject. Specially bearing on the therapeutic aspect of the question are the further considerations that antitoxins are destitute of any distinct physiological action, and, founding on Declory's recent work on antivenin, antitetanin, and the antitoxin of diphtheria, they have even no influence on the processes of ultimate nutrition.

Their curative action cannot therefore depend on physiological antagonism.

Referring again to experiments made with serpent's venom when this venom in lethal quantity is mixed in a test tube with a small quantity of antivenin, the venom almost instantly loses its toxic power.

Further, if the smallest quantity of antivenin required to produce this change after contact for a definite time with a lethal quantity of venom be determined, it will be found that if the time of contact is lessened this quantity of antivenin is no longer able to remove the toxicity of so large a quantity of venom.

When, again, venom is injected under the skin of an animal at the same time as, but in a different position from, the anti-venin, the quantity of the latter required to prevent death is for the same dose of venom about 12 times larger than when the two substances had been mixed together before they were injected.

Such distinctions are difficult of explanation otherwise than by supposing that a combination, chemical or mechanical, is effected between the antivenin and the venom, for they indicate that when the conditions are the

more favourable for ensuring contact between the antitoxin and the toxin, the antidotal action is more powerful than when the conditions are less favourable for this contact.

This view is also supported by the fact that if the antivenin be administered after the venom, the dose of the former required to prevent death is enormously larger than when the 2 substances are simultaneously administered after they have been mixed together outside of the body.

In the case of antivenin and venom the difference is as great as 1 to 1,200.

This experimental result, harmonising altogether with a physical as distinguished from a biological explanation of the antidotal action of antitoxins, emphasises the lesson, that for the effective treatment of an infectious disease the quantity of antitoxin must be a very large one, and at least 1,000 times greater than is indicated by the in vitro experiments by which their antidotal power has usually been determined and standardised.

For this reason the antitoxic serums frequently in use at the present time must be regarded as too dilute solutions.

It is indeed probable that the process of immunisation, even when carried to its utmost limits, is incapable of producing antitoxic serums sufficiently powerful, in doses which can be administered, to cure a patient suffering from the effects of a large lethal quantity of toxin.

The difficulties presented by the presence of undiscoverable amounts of disease toxins, diffused by living generators, when are present in the body in unknown quantities and in varying toxic potentialities.

The doctrine of the toxic origin of disease to which I have ventured to ask your attention. This doctrine has at least the merit of being able to bind together in one harmonious unity the conception of the actual nature or essence of a large number of diseases, including those which most urgently demand consideration. It supplies a simple and intelligible basis for treatment. Under its directing influence it may confidently be anticipated that Medicine will reach a position of definiteness previously unattainable; and, above all, that the healers of disease

will have their resources in this beneficent function rendered more effective and valuable for mankind." - Dr Thomas Richard Fraser, MD, FRCP, Professor of Materia Medica, Clinical Medicine, University of Edinburgh, At the Annual Meeting of the British Medical Association at Edinburgh, The British Medical Journal, 30 July 1898.

Secondary Toxic Products in Infection

"Dr E Centanni, MD, in Rif. Med., 15 September 1898, looking at the fact that although by means of antitoxins one may check the growth of bacilli and their toxins, yet the disease still goes on, thinks that the further progress of the disease may be due to the formation of toxic products from the decomposition or change in the tissues primarily induced by the bacilli or their toxins.

Primary Order of Infection:

1. That due to the bacilli or their toxins.

Secondary Order if Infection:

2. That due to the formation of toxic products from tissue change.

He has investigated the subject experimentally with regard to diphtheria, rabies, and the pneumococcal infection. He found that ordinary diphtheria antitoxin, whilst it checked bacillary growth, had no influence on the secondary tissue changes. On the other hand, a filtrate of local diphtheria had a favourable effect on the secondary tissue infection, but none on the primary bacillary infection.

Apparently after simple inflammatory processes, for example, that produced by injecting boiling water, a certain secondary tissue infection occurs also." - in "The British Medical Journal", 15 October 1898.

Toxic Accumulation

"Normally, when food is completely metabolized, the results are:

1. Growth
2. Tissue repair
3. Heat
4. Energy
5. Waste

This waste matter is poisonous, and comprehensive provision has been made for extrusion. A most important duty of Skin, Lungs, Liver, Kidneys, and Bowel, is ridding the body of waste. Poisons not oxidised in the tissues are carried by blood and lymph to the Eliminating Organs, strained out by them, and expelled.

Ordinarily the Eliminating System is more than capable of coping completely with waste; but if waste be introduced, or produced, of a kind or in quantity such as the body is not designed to deal with, accumulation occurs.

Fermentation products from excess undigested sugar and starch, and deadly putrefactive alkaloids from rotting flesh foods, are the worst of the physical cancer-producers.

The amount and variety of noxious substances amassed in people's bodies is sometimes fantastic. The harm done ranges from mild discomfort and vague pains, to decrepitude, circulatory or nervous breakdown, vicious or criminal impulse, confusion, insanity, and death.

People, as a rule, are fairly particular about outward cleanliness; but within, the temple of God's Spirit is a dunghill: a foul and steaming cesspool of indescribable beastliness.

To avert retribution, these feculent sumps are ravaged with surgical violence, riven with drug and germ poisons, and rent with shattering thought forces.

"If any man defile the temple of God, him shall God destroy." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

Auto-Intoxication

"Certain experiments upon the pancreas followed, which elevated this gland also to a similar position. The testes were believed by Brown-Sequard to perform a like office, and a similar work has been suggested for the kidneys.

From this it was not a far step, and it was a step suggested by many clinical facts, to say that health depends upon the due performance of assimilation and excretion, and that not only a failure to cast off waste products, but also errors in the processes by which the various molecules are taken to pieces and the atoms joined into fresh combinations, will lead to disease.

Gout has long been thus explained; the nervous symptoms of constipation, and of that unknown state which laymen call "liver", point in the same direction; and of late years the theory has met with an unexpected support from bacteriology.

The brilliant work of Sidney Martin leads us to believe that the poison of diphtheria is a product of our own body under the stimulus of a peculiar bacillus; and, if so, we should see in this an example of auto-intoxication produced by the action of a living organism, but otherwise analogous to that form which follows ingestion of dead matter.

Meanwhile the chemists have discovered the poisonous character of the albumoses and peptones formed during normal digestion, and the coagulating effect upon the blood of certain extracts from animal tissues, and have verified the presence in living tissues and in dead of alkaloidal bodies of a toxic nature.

Many reasons, therefore, seem to show that auto-intoxication may have a very widespread effect on disease, and entice us to offer it as an explanation of a great many states whose pathology is unknown.

For the last 50 years we have known the immediate cause of the local manifestations of gout; defective excretion as the whole explanation." - in "The British Medical Journal", 16 July 1898.

"Gilchrist has suggested that the indigestion, sluggish circulation, etc..., so often seen in acne patients may be caused by the absorption of toxins from colonies of bacteria in the skin." - Dr Charles Mallory Williams, MD in "The Treatment of Acne", 22 July 1905.

The Toxic Origin of Brain Disease

"That dyspepsias and derangements of the intestinal functions can, and very often do, interfere with the proper action of the mind is a thing within the ken of everyone who has to think; and that under the sway of indigestions of various kinds – which are but the brewings of toxins - temper may give way is common knowledge to all whether they think or not.

Dr. Lewis C. Bruce, writing in the British Medical Journal, 29 June 1901, on the cause of general paralysis of the insane, comes to the conclusion that this disease is directly due to poisoning by the toxins of bacteria, whose point of attack is through the gastric and intestinal mucous membrane, and that although it is probably a case of mixed poisoning the bacillus coli is apparently one of the noxious organisms.

Dr. Ford Robertson, working at the same subject, and writing in the same journal, also holds that general paralysis is dependent upon the occurrence of a chronic -.toxaemia of gastro-intestinal origin; he holds that these act directly on the blood vessels by which these tissues are fed, producing in them proliferative and degenerative changes.

This toxaemia, he says, is probably in some measure established for months, or even years, before the first symptoms of nervous disease manifest themselves. "In some individuals the cerebral vessels give way earliest, and general paralysis is the result; in others the vessels of the cord are the more vulnerable; those that receive the largest quantity of blood - and therefore of toxin - suffer first and most severely, and the clinical and pathological picture of tabes dorsalis develops."

In the same journal Professor Haliburton and Dr. John McKendrick describe how in a case of gastric tetany they were able to discover a special toxin, and they express the opinion that a poisonous substance is formed in the stomach, which, when absorbed into the blood stream in sufficient amount, gives rise to the tetanoid contractures and other poncomitant symptoms of the disease. Again in the same journal we have a paper by Dr. Hamilton Wright on the changes in the neuronal centres in beri-beric neuritis, which shows how very similar they are to those which occur in such a toxic form of neuritis as that which arises from alcohol.

At any rate the more we see of the dangers which may arise from our interiors being turned by excess of food into fermenting bacteria beds, the more convinced we become of the advantages of combining high thinking with plain living.

The increase of general paralysis, perhaps it may turn out to be due to overfeeding and to ill-regulated interiors." - in "The Hospital", 6 July 1901.

Carcinoma of the Colon

"Carcinoma is the most frequent malignant affection of the colon. Although a carcinomatous process may ensue in any part of the colon, there are certain locations of predilection.

Carcinoma is more apt to occur in colonic segments which are exposed to insults from passing or stagnating intestinal contents. Such locations of predilection of the caecum, in which the intestinal contents may remain 24 hours, the hepatic and splenic flexures of the colon, the sigmoid flexure through which the faeces pass after they have attained considerable consistency, and the rectum. The most frequent carcinomata are those of the rectum, then follow those of caecum and sigmoid flexure, next in frequency are those of the hepatic and splenic flexures; ascending, transverse and descending colon are affected in rarer instances.

Changes in the general condition of the patient, although the slowly developing colonic carcinoma causes loss of weight, weakness and disturbances of appetite relatively late in the course of the affection, should draw attention to the existence of a malignant neoplasm.

The most characteristic symptoms of the affection are, the palpable tumour, manifestations of intestinal stenosis, and secretory anomalies." - Dr H. Wolff in "Malignant Tumours of the Lower Bowel", Med. Klinik, 31 December 1911.

Synthesis of Disease

"In treating on the study of disease by synthesis, I illustrated that Rheumatism could be induced by the introduction into the body of organic acids, like the lactic; that cataract could be temporarily induced by raising the specific gravity of the blood - a fact deduced from the experiments of Dr Weir Mitchell of Philadelphia, and shown to be the result of the action of all saline substances that maintained their composition as such in the body, but not of substances like iodide of potassium, which underwent decomposition.

I also showed that the blood is only capable of receiving a certain degree of dilution with water, and that when it is charged with the fifth of its own weight there must be exudation and dropsy.

Auto-Poisons

On several occasions the minds of the audiences were drawn to the acceptance of the view that the living body, under a perverted chemical process, could be the manufacturer of its own poisons.

This was exemplified in instances of uraemia, and still more strikingly in other septic examples.

From the abdominal cavity of a patient, operated on for ovariotomy by Sir Spencer Wells, 500 ml of dark septic fluid was drawn from the peritoneal cavity, and was subjected by

me to treatment, as if it had been a fluid containing an alkaloid like morphia.

It yielded a fine acicula crystalline substance, to which I gave the name of "septine", and which I showed to be capable of exciting in healthy animals direct septic disease, its intensity of action being so increased by extension of the infectious process that at last it could be diluted in the most remarkable degree and retain its virulent power.

At the moment excitement was being created by what was later called the "germ theory" - a conception which was, in point of fact, a repetition of Dr Dwight's animalcular hypothesis, founded on a false analogy, and not, I thought, so clear as what I called the "nervous theory" of spreading disease, depending upon the conversion under nervous influence of specific poisons generated like the alkaloids of excretions and affecting the organism as septic particles that were thrown off by glandular exudations." - Sir Benjamin Ward Richardson, MD, FRS, in "Vita Medica", 1897.

"Medical Trade is adversed to the truth: For truth bring no profits; to the medical trade." - Rui Alexandre Gabirro, Emunctologist

Chapter 9

Toxic Causes

Endocrine-Disrupting Chemicals can Permanently Harm the Developing Organism But the Chemical Industry Doesn't want you to Believe Them

"In 1997, vom Saal's group reported that feeding pregnant mice trace amounts of bisphenol A - the building block of polycarbonate plastics - caused enlarged prostates in male offspring, just as estradiol and DES had.

> *"Our findings show for the first time that fetal exposure to environmentally relevant parts-per-billion doses of bisphenol A, in the range currently being consumed by people, can alter the adult reproductive system in mice". - in "Relative binding affinity-serum modified access assay predicts the relative in vivo bioactivity of the xenoestrogens bisphenol A and octylphenol", Environ Health Perspect, 1997.*

The next year, vom Saal's group ("A physiologically based approach to the study of Bisphenol A and other estrogenic chemicals on the size of reproductive organs, daily sperm production, and behavior", Toxicol. Indust. Health, 1998) showed that a similar treatment with Bisphenol A also shrinks seminal vesicles, enlarges preputial glands (which produce sex pheromones), and reduces sperm efficiency.

Gupta's response defended her original conclusions and pointed out:

> *"**It is interesting to note that the studies that failed to find an effect of this chemical are funded by the chemical industries**, whereas positive findings are reported by independent academic laboratories. **What is also clear is that scientists who choose to study a chemical of commercial importance are subjected to intense scrutiny by the chemical industry and by the scientists funded by these industries**". - in "Response to the letter by B. Elswick et al. from the Chemical Industry Institute of Toxicology", Proc. Soc. Exp. Biol. Med., 2001.*

Endocrinologists know that hormones normally stimulate their receptors at low concentrations, while high concentrations can inhibit these pathways by saturating receptors.

But the notion that a substance can produce effects at low levels that disappear at higher levels fundamentally challenges traditional toxicological approaches.

Sceptics for Hire

Ever since Rachel Carson first warned that synthetic chemicals pose long-term health risks, the chemical industry has defended its products by attacking the credibility of scientists reporting ill effects.

This strategy involves hiring consultants and commissioning reviews that dispute the findings or minimize potential human risks from the chemical under study.

Founded in 1989, the **Harvard Center for Risk Analysis** (HCRA) long specialized in minimizing human health risks from its benefactors products, starting with the tobacco industry.

The Problem with Plastics

Ana Soto and Carlos Sonnenschein have been worried about what might be leaching from plastics ever since an estrogenic contaminant derailed their experiments in 1989.

They were studying how estrogens regulate cell proliferation when, unexpectedly, the cells proliferated in their serum supplemented medium whether or not estrogen was present.

Previously, adding serum without estrogen inhibited the cells' proliferation while adding estrogens countered this effect, indicating that proliferation is the dominant state of cells in multicellular organisms and could be controlled only by inhibitory factors.

> *"This anomalous behaviour had never happened to us," says Soto, who studies breast cancer and mammary gland development at Tufts University. "We knew that the only thing that could produce that proliferation was estrogen, and we didn't add it."*

After tracing the contaminant to the plastic tubes holding the culture media components, Soto contacted the manufacturer, which sent more tubes to test.

When Soto and Sonnenschein sent their results to the manufacturer, it attributed the contamination to a new plastic formulation but refused to divulge the ingredients.

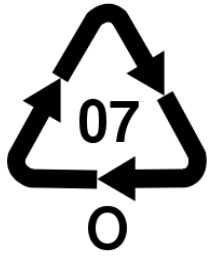
> *"So we purified it, and it turned out to be nonylphenol, the first estrogen discovered in plastic." - Soto*

Soto and Sonnenschein used the same cell line to test several other chemicals for estrogenic activity and found that many of them, like nonylphenol, behaved like estrogen.

Bisphenol A's

"This chemical is harming snails, insects, lobsters, fish, frogs, reptiles, birds, and rats. And the chemical industry is telling people that because you're human, unless there's human data, you can feel completely safe."- vom Saal

- Liza Gross, in "The Toxic Origins of Disease", PloS Biology, July 2007.



Some type 7 plastics may contain bisphenol A

Bisphenol A (BPA)

"BPA is a precursor to important plastics, primarily certain polycarbonates and epoxy resins, as well as some polysulfones and certain niche materials.

BPA-based plastic is clear and tough, and is made into a variety of common consumer goods, such as: **plastic bottles including water bottles, food storage containers, baby bottles, sports equipment, CDs, and DVDs. Epoxy resins derived from BPA are used to line water pipes, as coatings on the inside of many food and beverage cans, and in making thermal paper such as that used in sales receipts.**

In 2015, 4 million tonnes of BPA-derived chemical were produced, making it one of the highest volume of chemicals produced worldwide." - in Wikipedia.

Harvard Center for Risk Analysis

"The Harvard Center for Risk Analysis, is part of the Harvard College.

Harvard School of Public Health traces its roots to public health activism at the beginning of the last century, a time of energetic social reform.

The School began as the Harvard-MIT School of Health Officers, founded in 1913 as the first professional public health training program in America.

The partnership offered courses in preventive medicine at Harvard Medical School, sanitary engineering at Harvard University and allied subjects at MIT.

In 1922, HSPH split off from MIT, **helped by a sizable grant from the Rockefeller Foundation**.

From the start, faculty were expected to commit themselves to research as well as teaching." - in "History and Core Values", Harvard School of Public Health, 2020.

Chapter 10

Celiac Disease

Discoverer of the Toxic Cause of Celiac Disease

"The observations and studies of Dr Willem Dicke, a Dutch pediatrician, **on the toxic effects of a protein component of wheat and rye** demonstrate the highest quality of such investigations.

From a clinical observation of one child with celiac disease, through years of historical questioning and empirical dietary suggestions of patient families, **he concluded that such foods were toxic [use of pesticides?].**

When research became possible after the second world war and fecal fat measures as a hard end point became available he studied 5 children in detail to establish the validity of his clinical clues.

The classic clinical features were described by Samuel Gee in England and by Christian Herter in the United States, the latter emphasizing malnutrition and growth retardation. Until the mid 20th century, celiac disease was known as Gee-Herter disease.

The management of celiac disease was unclear in the 1930s when Dicke made his original observations; however, scattered observations suggested clinical improvement with several differing diets including an oyster diet suggested by Gee and the banana diet championed by Haas.

When Dicke completed his medical degree and internship in Holland in 1928, celiac disease was oft en fatal with a short-term mortality rate reported as between 10% to over 35% in different studies.

Following Dicke's observations on the pathogenic effect of wheat protein and the adoption of a wheat/rye-free diet, patients rarely died.

The principal features of the disease described in pediatric textbooks around 1930 were malnutrition, inanition and growth retardation accompanied by the passage of bulky foul stools." - David Yan, Peter R. Holt, MD, in "Willem Dicke, Brilliant Clinical Observer and Translational Investigator, Discoverer of the Toxic Cause of Celiac Disease", Clinical and Translational Science, 2009.

What Causes Celiac Disease?

"**Research suggests that celiac disease only happens to individuals who have particular genes.**

Individuals also have to be eating food that contains gluten to get celiac disease.

Researchers do not know exactly what triggers celiac disease in people at risk who eat gluten over a long period of time.

Your chances of developing celiac disease increase when you have changes in your genes, or variants.

Certain gene variants and other factors, such as things in your environment, **can lead to celiac disease."** - in "Symptoms & Causes of Celiac Disease", The National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Health, June 2016.

Celiac Disease and Crohn's Disease

"Studies debate the extent of the connection between Crohn's disease and Celiac disease, but all conclude that Crohn's disease is more common in those with Celiac disease than in the general population.

Overlapping symptoms include:

1. Abdominal Pain.
2. Diarrhea.
3. Anemia.
4. Short stature.

Celiac disease, and Crohn's disease are both diseases that deal with inflammation of the intestines. Because abdominal pain and diarrhea are symptoms of both diseases, differentiation between Crohn's disease and Celiac disease can be difficult." - in "Crohn's Disease", Celiac Disease Foundation, 27 February 2021.

Intestinal Permeability

"People have heard the term Leaky Gut (Intestinal Permeability).

If you'd asked me 15 years ago if I thought leaky gut was was a problem, I would have said it was pseudoscience, now with the advances in understanding how the microbiome works, and an understanding how lectins work.

I think everyone who has a disease has a leaky gut.

Hippocrates said this 2,500 years ago, that:

"All disease begins in the gut."

So, one of the things we know about Research is:

Research Is Research = Look Again!

Because somebody already knew this, and Hippocrates knew it 2,500 years." - Dr Steven Gundry, MD, cardiac surgeon, conducted cardiac surgery research in the 1990s and was a pioneer in infant heart transplant surgery, in "This Man Thinks He Knows What Causes All Disease", 16 August 2018.

"Leaky Gut Syndrome is an increase in permeability of the intestinal mucosa to luminal macromolecules, antigens and toxins. Put simply, large spaces develop between the cells of the gut wall, allowing bacteria, toxins and food to leak into the bloodstream." *- in "Nursing Standard", 24 August 2011.*

The Leaky Gut Hypothesis

"Was advanced more than 30 years ago by Jacob Fine.

Two kinds of leakiness are currently considered likely:

1. Increased permeability to macromolecules, specifically bacterial toxins. Van Deventer et al. recently reviewed the considerable experimental evidence supporting the idea that systemic absorption of gut-derived endotoxins is increased in certain disease states.
2. Loss of the normal barrier to the movement of viable microbes from the gut lumen. The passage of microbes across grossly intact epithelium is a process called translocation. Numerous factors commonly encountered in the ICU promote translocation in experimental animals, including impaired cell-mediated immunity, bacterial overgrowth due to antibiotic therapy, thermal and nonthermal injury, hemorrhage, and endotoxicosis.

The leaky gut hypothesis is old, but it has never been more viable." - Dr Mitchell P. Fink, MD, in

The Intact and Properly Functioning Intestinal Barrier

"A large variety of exogenous substances colonize the gut lumen, such as microorganisms, toxins, and antigens.

Without an intact and properly functioning intestinal barrier, these substances can penetrate the tissues beneath the intestinal epithelial lining, diffuse into blood and lymphatic circulations, and disrupt tissue homeostasis.

Thus, a specialized barrier function is required to block the entry of diverse exterior antigens while absorbing nutrients. Impressively, in the intestine, the front line of this barrier is maintained by only a single layer of specialized epithelial cells that are linked together by tight junction (TJ) proteins.

Many other factors aid in support of this barrier including mucins, antimicrobial molecules, immunoglobulins, and cytokines.

If any abnormalities occur among these factors, the intestinal permeability may increase, which is termed a "leaky gut."

Multiple Diseases may arise or be exacerbated due to a Leaky Gut, including autoimmune diseases such as:

1. Inflammatory Bowel Disease (IBD).
2. Celiac Disease (CD).
3. Autoimmune Hepatitis (AH).
4. Type 1 Diabetes (T1D).
5. Multiple Sclerosis (MS).
6. Systemic Lupus Erythematosus (SLE).

Taken together, these data suggest that Lipopolysaccharide (LPS) stimulation and toll-like receptors (TLR) activation as disease-initiating factors for Systemic Lupus Erythematosus.

Lipoteichoic Acid (LTA), a component of the Gram-positive bacterial cell wall, can also promote lupus disease.

These results suggest a potential role for nucleotide-

binding oligomerization domain (NOD)-like receptors (NLRs), to recognize protective bacteria in the gut microbiota. Therefore, it appears that TLRs and NLRs make distinct contributions to lupus pathogenesis by sensing harmful and protective bacteria, respectively.

Both types of bacteria can come from gut microbiota through microbial translocation, especially in the presence of a leaky gut." - Qinghui Mu, Jay Kirby, Christopher M. Reilly, Xin M. Luo, in "Leaky Gut As a Danger Signal for Autoimmune Diseases", Frontiers in Immunology, 23 May 2017.

The Damaging Effects of NSAIDs on the Small and Large Intestine

"A major task of the intestine is to form a defensive barrier to prevent absorption of damaging substances from the external environment. This protective function of the intestinal mucosa is called permeability. Clinicians can use inert, nonmetabolized sugars such as mannitol, rhamnose, or lactulose to measure the permeability barrier or the degree of leakiness of the intestinal mucosa.

Ample evidence indicates that permeability is increased in most patients with Crohn's disease. The abnormal leakiness of the mucosa in Crohn's patients can be greatly amplified by aspirin pre-administration. Intestinal permeability is abnormal in several diseases and clinical situations. For example, permeability abnormalities reflect the damaging effect of NSAIDs on the small and large intestine. The unifying concept from these observations is that permeability abnormalities in such clinical settings indicate a reduction in the protective barrier function of the intestinal mucosa, resulting in a "leaky gut," which, in turn, increases the risk of systemic infections and sepsis by bacteria from the normal gut flora." - Dr Daniel Hollander, MD, in "Intestinal Permeability, Leaky Gut, and Intestinal Disorders", Current Gastroenterology Reports 1999.

NSAIDs and Leaky Gut

"By Cr-EDTA absorption tests and In-labelled leucocyte scans Dr Bjarnason and colleagues (24 Nov., p. 1171) demonstrated increased intestinal permeability in rheumatoid arthritis patients taking non-steroidal anti-inflammatory drugs (NSAID). They even suggested the existence of an inflammatory process in the ileocaecal region in many patients on NSAID." - H. Mielants, E. M. Vey, in "The Lancet, 26 January 1985.

> *"The technique is based upon the assumption that inappropriate absorption (ie, increased intestinal permeability) can be assessed by the urinary concentration of a small, freely filtered molecule carrying a radioactive label.* ***The excretion of label in patients with Coeliac disease was found to be highest in relapsed patients."*** *- L. O. Simpson, in "The Lancet, 26 January 1985.*

"The intestinal epithelium provides a critical barrier that separates the gut microbiota from host tissues.

Non-steroidal anti-inflammatory drugs (NSAIDs), are among the most frequently used drugs worldwide.

In addition to gastric damage, NSAIDs are toxic to the intestinal epithelium, causing erosions, perforations and longitudinal ulcers in the gut.

NSAIDs can cause relatively benign, nuisance-type symptoms such as **heartburn, nausea, dyspepsia and abdominal pain.**

In as many as 80% of NSAID users, acute hemorrhages and mucosal erosions are detected in the gastroduodenal mucosa upon endoscopic examination; a subset of these can lead to serious complications such as bleeding and perforation, erosions, ulcers, strictures, perforation and bowel obstruction.

Chronic NSAID usage can cause Colitis, and exacerbate pre-existing conditions such as Inflammatory Bowel Disease (IBD), Irritable Bowel Syndrome (IBS), and Diverticular Disease (DD).

Long-term users suffer from diminished absorptive capacity and increased intestinal permeability.

It is clear that NSAIDs can also inflict damage elsewhere in the GI tract, particularly in the small intestine." - Nancy L. Allbritton, Matthew R. Redinbo, et al., in "NSAID-Induced Leaky Gut Modeled Using Polarized Monolayers of Primary Human Intestinal Epithelial Cells", ACS Infectious Diseases, 2 November 2017.

> *"A leaky gut has been associated with multiple autoimmune diseases as Inflammatory Bowel Disease, Celiac Disease, and Type 1 Diabetes. Recently, we identified the gut microbiome as a potential trigger for the development of Alopecia Areata (Spot Baldness)." - in "The role of the leaky gut in the development of alopecia areata", Innate Immunity, Microbiology, and Microbiome, 1 May 2019.*

Zinc Supplementation

"A defective barrier function is a well-documented feature in Crohn's Disease.

Small intestinal permeability is often increased in patients with Crohn's Disease.

Our findings show that **zinc supplementation can resolve permeability alterations in patients with Crohn's Disease** in remission.

Improving intestinal barrier function may contribute to reduce the risk of relapse in Crohn's disease.

Pharmacologic doses of zinc are known to increase intestinal metallothionein and reduce copper absorption with development of anemia; however, such adverse effects are usually seen when the ratio of zinc to copper exceeds 500:1.

Zinc is safe and well tolerated, and we believe that zinc supplementary therapy is a promising preventive measure for relapses in Crohn's Disease." - in "Zinc Supplementation Tightens "Leaky Gut" in Crohn's Disease", Inflammatory Bowel Diseases, 2 May 2001.

"The discovery of zonula occludens toxin (Zot), an enterotoxin elaborated by Vibrio cholerae that reversibly opens TJ, increased our understanding of the intricate mechanisms that regulate the intestinal epithelial paracellular pathway and led to the discovery of its eukaryotic counterpart zonulin. This pathway appears to be involved in several functions, including TJ regulation responsible for the movement of fluid, macromolecules, and leukocytes between the bloodstream and the intestinal lumen and vice versa.

Together with the gut-associated lymphoid tissue and the neuroendocrine network, the intestinal epithelial barrier, with its intercellular tight junctions, controls the equilibrium between tolerance and immunity to non-self antigens." - Alessio Fasano, in "Leaky Gut and Autoimmune Diseases", Clinic. Rev. Allerg. Immunol., 2012.

"Cholera (frequently called Asiatic cholera or epidemic cholera) is a severe diarrheal disease caused by the bacterium Vibrio cholerae.

Transmission to humans is by water or food.

Vibrio cholerae produces cholera toxin, the model for enterotoxins, whose action on the mucosal epithelium is responsible for the characteristic diarrhea of the disease cholera. In its extreme manifestation, cholera is one of the most rapidly fatal illnesses known. A healthy person may become hypotensive within an hour of the onset of symptoms and may die within 2-3 hours if no treatment is provided. More commonly, the disease progresses from the first liquid stool to shock in 4-12 hours, with death following in 18 hours to several days." - Kenneth Todar, PhD, in "Vibrio cholerae and Asiatic Cholera", Todar's Online Textbook of Bacteriology, 2009.

"A casual survey of the popular press and various other media could lead one to believe that a **"leaky gut" presents a major threat to mankind and forms the basis for many epidemics** that threaten to engulf the populace of North America and Western Europe.

Disorders as diverse as food intolerance, fibromyalgia, chronic fatigue syndrome, and autism are thought to owe their symptomatology to a defect in the gut wall that allows various vile humors to enter the circulation and poison the unwary host." - Eamonn M. M. Quigley, in "Leaky gut – concept or clinical entity?", Curr. Opin. Gastroenterol., March 2016.

"**The gut has a major role in food digestion and absorption as well as in maintaining the general homeostasis.** It is estimated that the total bacterial cell count in our body exceeds 10 times the total number of human cells, with more than one thousand species hosted in the gastrointestinal tract.

The gastrointestinal microbiota, whose genome contains one hundredfold more genes than the entire human genome, has important roles in nutrition, energy metabolism, host defense, and immune system development.

Indeed, the **altered microbiota has been linked not only to gastrointestinal diseases, but also to the pathogenesis of systemic conditions such as obesity and metabolic syndrome. Therefore, the term "mucosal barrier" seems to properly highlight the pivotal role of the gut in the interaction with microbiota: it is not a static shield but an active apparatus with specialized components.**

As stated by Bischoff et al. "permeability" is defined as a functional feature of this barrier that on one hand allows the coexistence with bacterial symbionts necessary for our organismand on the other hand prevents luminal penetration of macromolecules and pathogens.

Altered intestinal permeability has been documented during several conditions, namely:

1. Acute Pancreatitis.
2. Multiple Organ Failure.
3. Major Surgery.
4. Severe Trauma.
5. Could explain the high prevalence of Gramnegative Sepsis, and related mortality in critically ill patients.

Furthermore, perturbation of the complex mechanism of permeability has been associated with the development of irritable bowel syndrome and steatohepatitis (NASH)." - Andrea Michielan, Renata D'Incà, in "Intestinal Permeability in Inflammatory Bowel Disease: Pathogenesis, Clinical Evaluation, and Therapy of Leaky Gut", Mediators of Inflammation, 2015.

Bacterial Translocation

"Bacterial translocation is defined as the passage of viable bacteria from the gastrointestinal tract (GI) through the mucosal epithelium to other sites, such as the mesenteric lymph nodes, spleen, liver and blood.
Bacterial translocation from the GI tract occurs when the epithelial barrier in the intestines is physically disrupted.
Bacterial translocation from the GI tract to other sites is an important early
event in the pathogenesis of opportunistic infections. Debilitated patients are particularly prone to infections originating from their own indigenous GI flora." *- Dr Rodney D. Berg, MD, in "Bacterial Translocation from the Intestines", Exp. Anim.,1985.*

"Bacterial translocation is defined as the penetration of viable bacteria or bacterial compounds from the gastrointestinal tract to extra intestinal sites. This disorder has been described in several clinical conditions. The main promoting factors for bacterial translocation have been proposed to be changes in the intestinal microflora, mucosal barrier failure. The presence of bacterial translocation has been associated with higher complications and mortality rates." *- Dr Rosero Olivér, MD, et al., in "Bacterial translocation: gap in the shield", Orvosi Hetilap, 1 February 2014 .*

"Gut flora and bacterial translocation (BT) play important roles in the pathogenesis of chronic liver disease, including cirrhosis and its complications. **Intestinal bacterial overgrowth and increased bacterial translocation of gut flora from the intestinal lumen predispose patients to bacterial infections, major complications,** and also play a role in the pathogenesis of chronic liver disorders.

Bacteria translocated from the gut activate lymphocytes after interacting at the mesenteric lymph nodes (MLNs).

Alterations to intestinal microbiota seem to play important roles in the induction and promotion of liver damage progression, and in the development and severity of NASH. Bacterial overgrowth, immune dysfunction, alteration of the luminal factors, and altered intestinal permeability are all involved in the pathogenesis of nonalcoholic steatohepatitis (NASH), and its complications, including progression to cirrhosis, infections, hepatic encephalopathy, Spontaneous Bacterial Peritonitis (SBP) [infection of ascitic fluid without an apparent source, manifestations may include fever, malaise, and symptoms of ascites and worsening hepatic failure], and renal failure." - Yaron Ilan, in "Leaky gut and the liver: A role for bacterial translocation in nonalcoholic steatohepatitis", World J. Gastroenterol., 7 June 2012.

"Under normal conditions, the intestinal flora and the body are in dynamic equilibrium.

When the barrier function of the intestinal tract is damaged due to various reasons, changes in the number and proportion of bacteria or spatial displacement result in bacterial translocation (BT), which ultimately leads to multiple organ dysfunction syndrome (MODS).

Endogenous infections and endotoxemia caused by intestinal flora and endotoxin translocation are the origins of inflammatory responses, and the intestinal tract is the organ in which MODS both initiates and targets.

Only by ensuring the integrity of the intestinal mucosal barrier can intestinal BT be effectively prevented.

Elimination of the primary disease and maintaining blood and oxygen supply to the intestine is the most basic treatment.

Early initiation of the intestinal tract, establishment of enteral nutrition, and selective digestive decontamination are also highly effective treatments.

Early diagnosis, intervention, or prevention of BT may be a new avenue or important connection in the treatment of various diseases." - Yan-hua Wang, in "Current progress of research on intestinal bacterial translocation", Microbial Pathogenesis, 26 November 2020.

"We studied the prevalence of **Functional Abdominal Pain Disorders (FAPDs) and Functional Constipation (FC) in a large prospective cohort of children with coeliac disease on strict gluten free diet (GFD).**

We found a higher prevalence of FAPDs among patients with Coeliac Disease (11.5%) than controls (6.7%).

Irritable Bowel Syndrome (IBS) and Functional Constipation (FC), were more prevalent in patients with coeliac disease (7.2% for IBS and 19.9% for FC), than controls (3.2% for IBS and 10.5% for FC)." - Dr Ruggiero Francavilla, MD et al., in "Functional Abdominal Pain Disorders and Constipation in Children on Gluten-Free Diet", Clinical Gastroenterology and Hepatology, 2 September 2020.

Gut Affects Various Systems in the Body

"The leaky gut hypothesis tells us that **gut microbial products cause systemic low-grade inflammation, which enhances the progression of various human diseases.**

Microbial translocation attributable to intestinal barrier dysfunction and hyperpermeability have been proven in major human diseases. Among these microbial products, endotoxin/ lipopolysaccharide is most extensively studied in clinical situations. **Pathogenic roles of gut, and gut dysbiosis have been proposed in various human diseases.**

The passage of viable bacteria from the intestinal lumen through the mesenteric lymph nodes and other sites are defined as bacterial translocation (BT). The concept of BT was later broadened to **microbial products or their fragments, such as endotoxin, peptidoglycan, lipopeptides, and bacterial DNA. Intestinal epithelial barrier dysfunction and increased permeability have been described in various human diseases:**

1. Inflammatory Bowel Disease (IBD).
2. Irritable Bowel Syndrome (IBS).
3. Alcoholic Liver Disease (ALD).
4. Nonalcoholic Steatohepatitis (NASH).
5. Liver Cirrhosis, primary biliary cholangitis (PBC).
6. Acute Pancreatitis.
7. Diabetes Type I, Type II.
8. Chronic Kidney Disease.
9. Chronic Heart Failure (CHF).
10. Depression.

Lipopolysaccharide (LPS) known as endotoxin is a major component of the Gram-negative bacterial wall.

It can cross the deranged paracellular tight junction or can be taken up by the enterocytes coupled with damaging lipoproteins, because it has a strong affinity for chylomicrons." - Hiroshi Fukui, in "Endotoxin and Other Microbial Translocation Markers in the Blood: A Clue to Understand Leaky Gut Syndrome", Cellular & Molecular Medicine, 5 December 2016.

Leaky Gut and Brain Disorders

"A dysfunction of the blood brain barrier leading to a "leaky brain" can be linked to various Neurological Diseases, including:

1. Autistic Spectrum Disorder (ASD).
2. Dementia.
3. Alzheimer's Disease.
4. Depression.
5. Schizophrenia.

A breakdown in the blood brain barrier was observed in patients with major psychiatric illnesses.

The blood–brain barrier may become "leaky" in select Neurological Diseases that have an immunologic component, such as:

1. Multiple Sclerosis (MS).
2. Alzheimer's disease.
3. Brain trauma.
4. Edema.
5. Brain cancers.
6. Amyotrophic Lateral Sclerosis.
7. Meningitis.
8. Systemic diseases; such as Liver Failure.

Co-metabolism within the gut–brain–endocrine interactome play a role in the same Neurodegenerative Disorders, including Parkinson's disease (PD) and even Autism, appear to have a microbial-driven component in their pathogenesis.

Known microbes are implicated in contributing to the susceptibility and pathogenesis of these disease and blood brain barrier (BBB) permeability and disruption has been established in Alzheimer's disease (AD), which may allow peripheral blood, amyloid beta, and cytokines to enter the brain and contribute to pathogenesis in vulnerable neurons.

Recently, we describe how microbiomes of the gastrointestinal tract play important roles in controlling very integral segments of our neurobiology, mental, behavioural, and even overall health, including memory, depression, mood disruption, and anxiety.

Abnormal behaviour and cognition are found together with dysbiosis or the so-called pathobiont overgrowth syndrome, which can be one cause or consequence of leaky gut, and loss of the intestinal blood barrier and a disrupted intestinal barrier may have an abnormal microbiome, especially if antibiotics are involved.

Collins and colleagues, found changes in both brain

chemistry and behaviour regarding the microbiota.

Antibiotic use and depression and psychiatric comorbidities occurred in irritable bowel disease and have been associated with a systemic inflammation.

Inflammatory reactions can disrupt the blood brain barrier, the so-called leaky brain, leading to increased cerebrospinal fluid (CSF) protein and their translocation.

Inflammation promoting substances, like lipopolysaccharide, may pass into the brain." - Mark E. M. Obrenovich, in "Leaky Gut, Leaky Brain?", Microorganisms, 18 October 2018.

> ***"Obesity now affects 40% of Americans. It can be accompanied by increased intestinal permeability, systemic translocation of microbial products, inflammation and metabolic syndrome."*** *- Dr Maria Luisa Allegre, MD, in "A Cause for Leaky Guts", American Journal of Transplantation, 29 May 2018.*

The Association Between Inflammation and Disease

"Association between inflammation and cancer has been highlighted in studies of Irritable Bowel Disease.

The degree and prolongation of the duration of ulcerative colitis were recognized as factors leading to increased risk of gastrointestinal cancer development. A correlation between gut microbiota composition and gastrointestinal cancers was examined in experimental animal models. An association between a Western-style diet (red meat, fats, and low vegetable intake), and changes in the composition of the gut microbiota has been observed in animal and human studies. **This was linked to increased activities of faecal bacterial enzymes, as well as modification of sulfidogenesis and biliary acid metabolism with an**

impact on development of procarcinogenic conditions. Interestingly, **microbiota products can influence not only the local intestinal environment but also distant organs."** - Dr Alfredo Saggioro, MD, in "Leaky Gut, Microbiota, and Cancer", Journal of Clinical Gastroenterology, December 2014.

"Over the last decade, the knowledge on abnormal intestinal permeability or leaky gut and increased bacterial translocation from the intestinal lumen has greatly progressed. This revealed **the role of bacterial translocation as one of the main triggers in various poly-etiological diseases associated with chronic inflammation** such as:

1. Inflammatory Bowel Disease (IBS).
2. Crohn's Disease.
3. Alzheimer's Diseases.
4. Autism.
5. Diabetes.
6. Colonic Neoplasia.
7. Heart Failure.
8. Arrhythmias.
9. Rheumatoid Arthritis.
10. Etc." - George Tetz, Victor Tetz, in "Bacteriophage infections of microbiota can lead to leaky gut", Gut Pathogens 2016.

The Processed & Adulterated Food Factor

"Civilization has so changed, refined, processed, preserved, beautified, and adulterated our foods that little remains of the original intent of nature; so we in the midst of profusion of foods are too often suffering from deficiencies; starving in the midst of plenty. Disease attacks only deficient tissues, which may be broadly stated as an incontrovertible fact. We become diseased because we have not the functional activity to resist the encroachment of such things as extraneous germs,

accumulation of debris within ourselves, the rigours of cold, the fatigue of work, or the stress of nerve exhaustion. It is truthfully said that cancer never attacks a healthy tissue; and the same may as truthfully be said of every disease; for the resistant body will not harbour infections, as it will not degenerate in structure or function. The well body degenerates only as it becomes no longer able to cope with the rising tide of its own debris, the acid end-products of digestion and metabolism. If this is true, then it must be true that if there is no accumulation of these irritating acid end-products there can be no functional failure to cause decline in health. **A certain amount of these acid end-products is the result of the body's own decomposition and death, as the individual cells die, and are replaced by other cells; and as these cells die they give off their debris, which is of acid character."** - Dr William Howard Hay, MD in "A New Health Era", 1936.

Chronic Intestinal Constipation

"Chronic Intestinal Constipation (CIC) is a highly prevalent ailment in Western society, afflicting from 15% to 20% of adults, of whom 33% are over the age of 60 years." - in "Diagnosis and treatment of constipation", Journal of Coloproctology, June 2018.

"The Rome IV criteria categorizes disorders of Chronic Constipation into 4 subtypes:

1. Functional Constipation.
2. Irritable Bowel Syndrome with Constipation.
3. **Opioid-induced Constipation.**
4. Functional defecation disorders, including inadequate defecatory propulsion and dyssynergic defecation." - Dr Magnus Simrén, et al., in "An approach to the diagnosis and management of Rome IV functional disorders of chronic constipation", Expert Review of Gastroenterology & Hepatology, 2020.

Medications as Responsible for Defecatory Disturbances

"Medications Associated With Constipation:

1. Prescription drugs.
2. Antidepressants.
3. Antiepileptics.
4. Antihistamines.
5. Antiparkinson drugs.
6. Antipsychotics.
7. Antispasmodics.
8. Calcium channel blockers.
9. Diuretics
10. Monoamine oxidase inhibitors
11. Opiates.
12. Sympathomimetics.
13. Tricyclic antidepressants.
14. Self-medication, over-the-counter drugs.
15. Antacids (containing aluminium, calcium).
16. Antidiarrheal agents.
17. Calcium and iron supplements.
18. Nonsteroidal anti-inflammatory drugs." - Dr Greger Lindberg, MD, et al., in "World Gastroenterology Organisation Global Guideline, Constipation - A Global Perspective", Journal Clinical Gastroenterol, July 2011.

Chapter 11

Parkinson's Disease

"The motor symptoms of Parkinson's Disease only become apparent after degeneration of >80% of dopaminergic neurons in the substantia nigra, so pathogenesis could commence decades before the clinical onset of motor Parkinson's Disease. Clinical presentation of nonmotor symptoms long before the onset of motor Parkinson's Disease supports this hypothesis. Hyposmia and constipation are especially important symptoms. Constipation was considered to be an autonomic symptom that develops during PD." - in "Pathogenesis of Parkinson disease—the gut–brain axis", Nature Reviews Neurology, November 2015.

"Parkinson's disease is not one but two diseases, starting either in the brain or in the intestines.

Which explains why patients with Parkinson's describe widely differing symptoms.

The researchers refer to the two types of Parkinson's disease as body-first, and brain-first.

In the case of body-first, it may be particularly interesting to study the composition of bacteria in the intestines known as the microbiota.

For some patients, the disease starts in the intestines and spreads from there to the brain through neural connections.

It has long since been demonstrated that Parkinson's patients have a different microbiome in the intestines than healthy people. Body-first Parkinson's disease can be treated by treating the intestines." - in "Parkinson's disease is not one, but two diseases", Aarhus University, 22 September 2020.

The Pathological Hallmark of Parkinson's Disease

"A pathological hallmark of Parkinson's disease is the presence of intraneuronal α-synuclein inclusions termed Lewy pathology. Accumulating evidence suggests that misfolded α-synuclein protein behaves in a prion-like manner leading to cell-to-cell propagation of pathology.

However, it remains unknown from where **the initial α-synuclein aggregates originate.** It has been hypothesized that **α-synuclein inclusions initially form in nerve terminals of the enteric nervous system, and then subsequently spread via autonomic connections to the dorsal motor nucleus of the vagus and intermediolateral cell columns of the sympathetic system.**

This proposal is supported by animal evidence showing gut-to-brain spreading of α-synuclein aggregates through autonomic nerves.

In addition, Lewy pathology has been detected in gastrointestinal nerve fibres years prior to Parkinson's disease diagnosis.

Colonic Transit and Volume

Significant overall differences were seen in colonic transit times (P = 0.01, Kruskal-Wallis test) and colon volumes between the groups (P = 0.0002, ANOVA).

The PDRBD+ had significantly more radiopaque markers compared with the PDRBD− (P = 0.01) and the iRBD patients (P = 0.03).

The PDRBD+ group also had significantly enlarged colon volumes compared to the PDRBD− (P = 0.0002) and the iRBD patients (P = 0.006)." - Per Borghammer, et al., in "Brain-first versus body-first Parkinson's disease: a multimodal imaging case-control study", Brain, **October 2020.**

The Link Between Microbiome In The Gut and Parkinson's

"There is growing evidence showing a connection between Parkinson's Disease - a neurodegenerative condition - and the composition of the microbiome of the gut. What is known is that the first signs of Parkinson's often arise as gastrointestinal symptoms such as inflammation or constipation. "Our study showed major disruption of the normal microbiome - the organisms in the gut - in individuals with Parkinson's. The human gut hosts tens of trillions of microorganisms, including more than 1,000 species of bacteria. The collective genomes of the microorganisms in the gut is more than 100 times larger than the number of genes in the human genome. We know that a well-balanced gut microbiota is critical for maintaining general health, and alterations in the composition of gut microbiota have been linked to a range of disorders." - Dr H. Payami, professor in the Department of Neurology, UAB School of Medicine." - in "Study shows link between microbiome in the gut and Parkinson's", University of Alabama at Birmingham, **3 March 2017.**

"Several studies have implicated depletion of Short Chain Fatty Acids (SCFA) in the pathogenesis of Parkinson's Disease. SCFA is made by bacteria in the gut, notably Lachnospiraceae. Our study shows reduced levels of Lachnospiraceae in Parkinson's Disease, which is consistent with SCFA depletion. Moreover, although none of the SCFA metabolism pathways per se were significant, some of their key components were, for example, butyrate kinase, which catalyzes a reversible reaction between butyrate and butanoylphosphate, was reduced in Parkinson's Disease (FDR = .04), and acetyl-CoA synthetase, which converts acetate to acetyl-CoA, was elevated (FDR = 3E-3). **SCFA deficiency is an attractive hypothesis for Parkinson's Disease because it could potentially explain inflammation, and microglial activation in the brain and gastrointestinal features of the disease:**

1. Leaky Gut.
2. Constipation.
3. Colonic Inflammation."

- Dr H. Payami, et al., in "Parkinson's Disease and Parkinson's disease medications have distinct signatures of the gut microbiome", Movement Disorders, 2017.

"Parkinson's Disease is the second most common neurodegenerative disorder, after Alzheimer's disease. The gut microbiota is emerging as an important modulator of neurodegenerative diseases, and accumulating evidence has linked gut microbes to Parkinson's disease symptomatology and pathophysiology. Parkinson's Disease is often preceded by gastrointestinal symptoms and alterations of the enteric nervous system accompany the disease. Here, we conduct a meta-analysis re-analyzing the 10 currently available 16S microbiome datasets to investigate whether common alterations in the gut microbiota of Parkinson's Disease patients exist across cohorts. We found significant alterations in the Parkinson's Disease-associated microbiome, which are robust to study-specific technical heterogeneities, although differences in microbiome structure between Parkinson's Disease and controls are small. Enrichment of the genera Lactobacillus, Akkermansia, and Bifidobacterium and depletion of bacteria belonging to the Lachnospiraceae family and the Faecalibacterium genus, both important short-chain fatty acids producers, emerged as the most consistent Parkinson's Disease gut microbiome alterations. **This dysbiosis might result in a pro-inflammatory status which could be linked to the recurrent gastrointestinal symptoms affecting Parkinson's Disease patients. Parkinson's Disease samples had a lower abundance of the genera Roseburia, Fusicatenibacter, Blautia, Anaerostipes (Lachnospiraceae family), and Faecalibacterium (Ruminococcaceae family), which have also been detected depleted in other neuro-inflammatory and neurodegenerative disorders (e.g., Multiple Sclerosis). Most of these taxa are abundant and**

widespread bacteria in the gut microbiota of healthy individuals, they are major butyrate producers and have often been found depleted in Irritable Bowel Disease (IBD). Similarly depleted in IBD are bacteria of the Butyricicoccaceae family, which are important butyrate producers and were highly depleted in Parkinson's Disease in our analyses. **The depletion of these taxa could indicate a lowered level of butyrate in the gut of Parkinson's Disease patients. Butyrate is a fundamental energy source for intestinal epithelial cells and can reinforce the intestinal epithelium lowering the risk of inflammation and carcinogenesis.** Our findings are consistent with previous studies showing **low levels of butyrate and increased Gut Permeability (Leaky Gut), and inflammation in Parkinson's Disease patients. Butyrate and other SCFA are not only relevant for gut health, but they can also influence the Enteric Nervous System,** have systemic anti-inflammatory properties, promote normal microglia development, and potentially affect epigenesis in the Central Nervous System. **Importantly, Parkinson's Disease patients have been shown to have increased levels of various pro-inflammatory cytokines in both the colon and serum**, suggesting that they suffer from systemic inflammation which could result in microglial activation driving disease progression. Only Aho et al. identified bacteria of the Butyriciccocaceae enriched in controls. Similarly, only Aho et al., and Weis et al., detected Fusicatenibacter to be significantly depleted in Parkinson's Disease patients. Specifically, Weis et al. **report that the decrease of this genus together with that of Faecalibacterium was correlated to the degree of gut inflammation.** Interestingly, **both of these genera were low in abundance in IBS and ulcerative colitis, and Faecalibacterium showed strong anti-inflammatory and protective effects in an Acute Colitis** mouse models. **Our analysis suggests that the depletion of taxa playing a key role in maintaining gut health is widespread in Parkinson's Disease across populations. Such depletion resembles dysbiosis observed in other gastrointestinal**

dysfunctions, e.g., Irritable Bowel Disease (IBD), and supports the link between Parkinson's Disease and gut health as underlined by retrospective studies indicating that the overall risk of developing Parkinson's Disease in IBD was significantly higher. Specifically, **the risk increased by 28%, and 30% in patients with Crohn's Disease, and Ulcerative Colitis, respectively."** - Stefano Romano, Falk Hildebrand, et al., in "Meta-analysis of the Parkinson's disease gut microbiome suggests alterations linked to intestinal inflammation", npj Parkinson's Disease, 10 March 2021.

Constipation in Parkinson's Disease

"In his original 1817 essay, James Parkinson described anguishes from constipation that "demand stimulating medicines of very considerable power; the expulsion of faeces from the rectum sometimes requiring mechanical aid". **Chronic constipation affects up to 30% of Parkinson's disease (PD) patients in more recent series with prior studies reporting up to 60–70% and often precedes the development of classic parkinsonian motor disturbances (bradykinesia, rigidity, and resting tremor) by more than 15 years.** Increasing severity of constipation is associated with a strong hazard ratio of 3.3–4.2 of developing PD. **The pathophysiology of chronic constipation in PD patients is multifactorial and includes dyssynergic defecation, slow-colon transit, or both. Chronic constipation is a common, nonmotor, and early prodromal symptom in PD."** - Amol Sharma, et al., in "Constipation in Parkinson's Disease: a Nuisance or Nuanced Answer to the Pathophysiological Puzzle?", Current Gastroenterology Reports, 2018.

"In conclusion, we provide strong evidence that gastrointestinal inflammation occurs in Parkinson's Disease patients. Our results reinforce the role of the gastrointestinal tract and peripheral inflammation in the pathophysiology of

Parkinson's Disease." *- Pascal Derkinderen, et al., in "Colonic inflammation in Parkinson's disease", Neurobiology of Disease, 2013.*

"Approximately 20% of older people are reported to suffer from constipation and a need has been identified to establish the extent of the problem in different disease groups. **Constipation is an important symptom in neurological conditions, including Parkinson's disease (PD),** where it is attributed to damage of the peripheral or central nervous system, or both. Constipation is variously defined in terms of number of bowel movements and other indicators of defecatory dysfunction such as straining or hard stools. Infrequent bowel action in the absence of other symptoms can be regarded as within the normal spectrum. The Rome criterion is an internationally recognized objective definition of constipation. Its earliest version focused on 4 symptoms (straining, lumpy and/or hard stools, incomplete evacuation, and 2 or fewer bowel movements per week) and associated a positive diagnosis of constipation with 2 or more symptoms being present for at least a quarter of the time over a period of at least 3 months." - Dr Heather Gage, et al., in "Excess Burden of Constipation in Parkinson's Disease: A Pilot Study", Movement Disorders, 2006.

"Our findings suggest that **constipation occurring as early as 20 or more years before the onset of motor symptoms is associated with an increased risk of Parkinson disease. The association between constipation and PD was evident several decades before the onset of PD. Indeed, the association remained significant when restricted to constipation documented more than 20 years before the onset of motor symptoms.** This extends the findings from the Honolulu-Asia Aging Study where there was a mean of **12 years between the documentation of constipation and the subsequent development of PD."** - Dr W.A. Rocca, MD, in "Medical records documentation of constipation preceding Parkinson disease", Neurology, 2009.

Chapter 12

Inconvenient Treatments

"Why are certain individuals spared during epidemics of infectious disease? The ancient notion stressed by Hippocrates was that some are endowed with a greater constitutional resistance than others, and today practising physicians still regard certain families and individuals as differing markedly in their ability to ward off prevalent infection. ***The epidemiologist, however, has, for the most part, neglected this early theory and concentrated his attention upon the role of the inciting agent - the bacterium or the virus.****" - Dr Leslie T. Webster, Laboratories of the Rockefeller Institute for Medical Research,New York, in "Inborn Resistance to Infectious Disease", The Scientific Monthly, January 1939.*

"It is necessary first to consider the present position regarding the aetiology of the common cold. Investigations thereinto have revealed that ***the real causative agent is a very large series or group of organisms.*** *Recent research into this series has resulted in the isolation of* ***over 400 different organisms, each of which is capable of setting up a violent cold. This significant fact explains at once why partial success only attends efforts to prevent the common cold by means of vaccines. Consequently, there is no vaccine available which offers the 400 different strains of organisms. Further objections to vaccine therapy & prophylaxis, are the unpleasant reactions which usually attend these injections.***
After a considerable period of preliminary experimental activity, we found that a sulpho-guaiacolic precipitate from the

plasma of specially immunised animals had a very definite effect upon persons who were frequently catching colds. This precipitate is available in the form tablets, under the name of Serocalcin.
This preparation has been the subject of a growing series of experiments, the results of which now justify its extended use." - Dr Sydney Gordon Tippett, MD, Dr MacLeod Yearsley, FRCS, in "The Prevention and Treatment of the Common Cold", The British Journal of Nursing, January 1937.

"In addition to virus and catarrhal vaccines other remedies may be given with the aim of raising immunity; ***one of the best attested of these so far is Serocalcin, which has been under clinical trial for 6 years*** *(Tippett and Yearsley, in Med. Pr., 1939).*
A month's trial of this remedy is said to give a 4 months immunity to influenza and "colds". ***Certain Vitamin products, and Ultra-Violet Ray Treatments also are among those which have a probable immunizing value."*** *- J. H. Douglas Webster, in "Prophylaxis of Influenza and Cancer", British Medical Journal, 25 November 1939.*

Improved Nutrition & Clean Water Is By Far Most Effective Intervention

"Medicine and especially drugs and vaccines played no part in the fall of Scurvy death rates and the same can be seen for other diseases. Scurvy is a condition caused by a lack of vitamin C. Poor nutrition, particularly a lack of fresh fruit and vegetables, can result in scurvy. Mortality rates fell dramatically as living conditions improved." - Clifford Miller, in "Are Epidemics and Vaccinations Billion Dollar Scams", 2010.

"This call in this BMJ article for "effective interventions against specific diseases, integrated health strategies, more investment in national health systems" is drug company speak for "give drug companies even more money whilst burdening third world economies with unnecessary health spending." And if we are not prepared to ensure the world can feed all its children, then **vitamin, mineral and micronutrient supplementation would cut mortality and morbidity from all childhood disease dramatically and quickly.**" - Clifford Miller, Rapid Responses published, BMJ, 25 January 2008.

"To maintain your brain, muscle, bone, nerves, skin, blood circulation, and immune system, your body requires a steady supply of many different raw materials; both Macronutrients & Micronutrients. You need large amounts of macronutrients: proteins, fats, and carbohydrates. ***And while you only need a small number of micronutrients, vitamins & minerals, failing to get even those small quantities virtually guarantees disease.****" - in "Micronutrients have Major Impact on Health", Harvard Health, September 2016.*

Vitamin C

"It has been clearly demonstrated that the a toxin of Cl. welchii interferes with a respiratory mechanism associated with the aerobic oxidation of succinate present in various animal tissues.

It is clear from recent progress in our knowledge of the physiological action of certain vitamins, e.g. lactoflavin (Riboflavin, Vitamin B2) or ascorbic acid (Vitamin C), that the absence of factors associated with respiratory mechanisms of cells can lead to grave disease." - Walter Reginald Wooldridge, Constance Higginbottom, in "The effect of certain bacterial toxins upon some respiratory mechanisms of animal tissues", Biochemical Journal, October 1938.

> ***"It appears the greatest potential for benefit of vitamin C in treating the common cold occurs when supplementation is initiated within 24 hours of symptom onset at high doses (~8 g daily) and when therapy is continued for at least 5 days."*** *- A. Bucher, N. White, PharmD, CDE, in "Vitamin C in the Prevention and Treatment of the Common Cold", American Journal of Lifestyle Medicine, February 2016.*

Fish Oil for Pain Relieve

"**The use of NSAID Medications: Extreme complications, including Gastric Ulcers, Bleeding, Myocardial Infarction, and even Deaths, are associated with their use.**

An alternative treatment with fewer side effects that also reduces the inflammatory response and thereby reduces pain is believed to be x-3 EFAs found in fish oil. Of the 250 patients, 125 returned the questionnaire at an average of 75 days on fish oil, 78% were taking 1,200 mg and 22% were taking 2,400 mg of EFAs, 59% discontinued to take their prescription NSAID medications for pain, **60% stated that**

their overall pain was improved, and 60% stated that their joint pain had improved, 80% stated they were satisfied with their improvement, and 88% stated they would continue to take the fish oil. There were no significant side effects reported." - Dr J. C. Maroon, MD, Dr J. W. Bost, PAC, in "Omega-3 fatty acids (fish oil) as an anti-inflammatory: an alternative to nonsteroidal anti-inflammatory drugs for discogenic pain", Surgical Neurology, 2006.

Medical Schools is that of a Stock Company

"**The almost universal type of organization and conduct of the medical schools is that of a stock company.**

The school is owned and controlled by a few leading physicians who constitute themselves its professors.

These stockholders, who usually have a large private practice, hire instructors in pathology, chemistry, etc., at salaries as low as possible.

They elect as dean or secretary of the school a good business man who knows how to secure a large number of students and so can make the institution a paying investment - for the stockholders.

In some cases, when this has been accomplished, the stock is then "watered" in order that it may be sold at a greater profit to new professors, and these in turn repeat what their predecessors have done. By a little play on words such a corporation might be styled "attraction company," organized for the purpose of drawing large dividends.

Even without dividends the stockholder professor regards it a paying investment.

The institution is founded and run to further the selfish ends of the professor.

Moreover, in such a school the leading professors, being general practitioners, consider themselves capable of teaching everything or anything, and hence such anomalies as the following are not uncommon:

Dr.…., Professor of physiology, hygiene and demonstrator of anatomy; Dr....., Professor of obstetrics and preventive

medicine; Dr…..., Professor of children's diseases and medical jurisprudence.

Then, too, the professor, on his way to college he "thinks up" what he will give the boys in his morning lecture.

Or he studies a text-book and gives it to them just as he read it the night before.

I have seen such a professor, after a busy day, bolstered up in bed "bucking up" for the next morning's recitations.

I have also read stenographic notes on lectures, every point of which was presented in the same manner and in the same order as found in some well-known textbook on the subject. Knowing the text-book used, the entire course could have been arranged by an undergraduate. Furthermore, I have heard lecturers spending much time in describing laboratory methods, who could scarcely tell a staphylococcus from the ameba coli.

Financial Principle is at the Basis of the Medical Institution

It is clear that under such actual conditions as those outlined above, where **the selfish financial principle is at the basis of the medical institution.**

Moreover, where the personal and selfish interest governs the faculty, all appointments will be conditioned by it, rather than by the sole condition of fitness and competency.

But to see the worst features of the present system, one must view it from the standpoint of the student.

And in the first place a protest must be made against the prevailing didactic lecture and quiz method, which employs, almost exclusively, the one intellectual faculty - memory.

We need to cultivate in the student the truly scientific method, which emphasises inductive reasoning based on observation and experiment.

One recent graduate not long ago remarked to me:

> *"I do not remember one thing my professor taught in his didactic lecture, but the clinics I can remember very distinctly, not only*

the cases, but even the details of diagnosis, pathology, and therapeutics".

The old method is a suspension of ideas in the mind in such a way that they do not become incorporated with past or present practical experience.

Thus the student contracts a sort of "dyspepsia of the mind", or "cerebral indigestion".

Moreover, by it the student's attention is directed away from the empirical and practical to the theoretical.

He conceives the notion that the only equipment which a successful practitioner needs is a scalpel, scrap-blank and pencil, and a mahogany-top table.

The 30 patients in his 2 hours a day in the business centre is the outcome of this faulty educational method.

Only an infinitesimal amount of what he has been taught can be put to any practical use by him.

Nor is the student given the ability to acquire the right kind of practical knowledge.

In the post-graduate work I have been enabled to observe the results of these methods of education on the new as well as old graduates and find the grossest ignorance in matters relating to physical methods of diagnosis and treatment.

This leads me to insist that all medical students should be given a practical knowledge of:

1. Hydrotherapy in all its many branches and forms. The physiologic effects of heat and cold constitute so vast a field that they ought to be known by the M.D., no matter what branch of medicine he takes up. I have known students who did not know the difference between the action on the system of water at 40 C, and of water at 55 C.

2. Hot and Cold Air Baths have a place in therapeutics that can not be ignored by the educated physician. Only the ignorant product of the recitation room shuns these practical methods and relegates them to the domain of empirical quackery.

3. Medical Gymnastics, such as physical exercise, massage, etc., is now a necessity in medical education.

Under the direction of a competent physician grounded in the science and practice of medical gymnastics it would be of far-reaching value to the school, both for the professors and students, if for no other purpose than the personal benefit derived by the hard brain-racked student; the daily exercise of this branch of medical education would be a god-send. The recent valuable work "The Schott Methods of the Treatment of Chronic Diseases of the Heart", is only another illustration of the wide application of the physical and mechanical supplementing the **Hydrotherapeutic Method of Treatment of this otherwise incurable disease.** Take only the same time to teach this method as is required to teach the action of the digitalis series, and it will be far more valuable.

Electricity used internally and externally in all forms of application should be taught theoretically as well as practically. **The therapeutic advantages of the electric light have recently added another useful form of electricity that may displace many drug prescriptions**, **but with greater success in the beneficial results derived.** Finsen has shown most marvelous results from the use of the light in lupus.

Dietetics in all its branches is practically neglected in medical schools. That part of dietetics concerning the chemistry of cooking and the preparation of food is as unknown to the medical student as if the study did not belong to the science of medicine.

It has a wider application and perhaps more necessary use than any single branch." - Dr Fenton B. Turck, MD, in , "Improvements in Medical Education", Journal of the American Medical Association, 26 May 1900.

Dr. Fenton Benedict Turck (1857–1932): Graduated from Northwestern University Medical School, Chicago, Internist, Medical Researcher in Cell Biology, inventor of cytost serum, and author of "The Action of the Living Cell", 1933, as well as many tracts on gastrointestinal diseases.

Antiacid & Alkaline Treatment of Tuberculosis

"Letulle used to be very skeptical in regard to Ferrier's views in respect to tuberculosis, namely, that **the tubercle bacillus could not thrive except in an acid medium.**

Ferrier founded a free dispensary 2 years ago to apply his views in practice, and Letulle has been visiting the dispensary from time to time to watch the progress of the patients under this "recalcifying method".

He has thus supervised a large number of the tuberculous of both sexes, and states that all have shown marked improvement, while they have been able to keep at work, free from fever, and proud of being able to earn their living. All this is in marked contrast to the dreary aspect of the tuberculous in institutions, who are awaiting the end in idleness and silent gloom.

Ferrier's principle is to prevent the introduction and formation of acid in the organism." - JAMA, 1 May 1909.

Nutrition in Health and Disease

"It is common knowledge that malnourished, weakly, and ill-conditioned children are peculiarly susceptible to inflammatory states of the nose, ear, and throat.

> *"It is almost impossible in winter to keep (such children) in a hospital ward more than 1 week or 2 without their developing rhinopharyngitis, otitis, bronchitic- or broncho-pneumonia. - Holt*

Concerning tuberculosis and nutrition, one example will suffice: at Papworth Village Settlement, **no child born there during the 20 years of its existence has, while a member of the community, contracted tuberculosis of the lungs, bones, joints, cerebral membranes, nor indeed any clinical form of the disease.**

Yet these children are the offspring of parents who suffer from tuberculosis, and are in constant contact with them. How has this remarkable achievement been brought about?

1. By adequate nutrition, which maintains the child's resistance to infection,
2. by the absence of mass-dose infection - procedures which will prevent many other diseases besides tuberculosis.

In the domain of dermatology the effects of faulty nutrition on the skin are well recognized; semistarvation, water deficiency, protein deficiency, mineral deficiency... and vitamin deficiency.... All have harmful effects on this organ and its appendages. Amongst them are dry and inelastic skin, roughening, atrophy, laxness, wrinkling, slow growth of hair, staring hair, loss of hair, slow healing of skin wounds, poor and imperfect cicatrices, furunculosis, ulcers, exudative skin diseases such as eczema and seborrhoea, the skin lesions of pellagra, edema, xerosis; abscesses, inflammatory conditions at the mucocutaneous junctions, the papular conditions known as "phrenoderma", hyperkeratosis, petechial hemorrhages and other scorbutic skin affections. **It may be** that **the medical curriculum is already overgrown. If so, let it be pruned; let us teach the student less about "disease" and drugs and more about "health", more about nutrition, which is the very basis of health."** - Dr Francis Lowell Burnett, MD in "Nutrition, Health and Disease", 23 September 1937.

> ***"The more thoroughly we approach the conditions of Primitive Life the more successful will we be in avoiding diseases."*** *- Sir W. Arbuthnot Lane, MD*

The Use of Food as Medicine

"The severity of psychiatric symptoms can also be influenced by diet. In one study in 2011, the foods were eliminated until symptoms of ADHD decreased. Of the 78 children who tried the diet, 59 of them improved. However, when re-exposure to the foods occurred, 47 children relapsed after the challenge (60%)." - Dr Deborah R. Simkin, MD, in "Gut-Brain Axis and Food as Medicine", 1 October 2017.

Vitamin	Prevention and Treatment
A	Vision, deficiency can lead to night blindness. Vitamin A, also called retinol, plays a role in transforming nerve impulses into images in the retina.
B1	Beriberi
B2	Ariboflavinosis
B3	Pellagra
B5	Paresthenia
B6	Anemia
B7	Dermititis, Enteritis
B9-12	Megaloblastic Anemia
B17	Cancer
C	Scurvy, Swelling of Gums
E	Muscle, Tendon Health

"Probably 98% of the people I see in my practice tell me they have "bad eating habits", and therein lies the problem. They think of their troubled relationship with food as a "simple little habit" rather than a "life-destroying addiction." In reality, this is a behaviour that causes pain and suffering greater than tobacco addiction, alcoholism and heroin dependence combined. **Eating the wrong kinds of foods is the leading cause of death and**

disability in the Western world. Since 1976, I have known how people can **Lose Weight without ever being hungry; Cure most cases of Arthritis, Diabetes, Hypertension; and reverse serious Heart Disease; furthermore, it has been no mystery to me how one can prevent Cancer, Osteoporosis, Heart Attacks, and Strokes. The common denominator is the modern Western diet**, rife with foods so rich in high-calorie **refined ingredients** that before industrial times they were consumed only by kings and queens. **This diet must be replaced with one consisting of whole, natural foods. Add to this a little daily exercise, and you now have a medical tool more powerful than bypass surgery and drugs."** - Dr John McDougall, MD in "The Pleasure Trap", 2006.

Consumption of Fruits and Vegetables leads to Reduction of Metabolic Syndrome

"Increased consumption of **fruits and vegetables as functional foods leads to the reduction of signs of Metabolic Syndrome**. The aim of this study was to measure and compare cardiovascular, liver, and metabolic parameters following chronic administration of the same dose of anthocyanins either from **Chokeberry or Purple Maize** in rats with diet-induced metabolic syndrome.

Inflammatory cell infiltration was reduced in heart and liver. Chokeberry and Purple Maize interventions gave similar responses, suggesting that **anthocyanins are the bioactive molecules in the attenuation or reversal of metabolic syndrome by prevention of inflammation-induced damage."** - Lindsay Brown, et al., in "Anthocyanins in chokeberry and purple maize attenuate diet-induced metabolic syndrome in rats", Nutrition, September 2017.

'The humoral metabolic syndrome is governed by dehydration and toxaemia. They cause ileus shock, with the sequela of acute degeneration of parenchymal organs, acute hepatic, renal and

respiratory insufficiency." *- in "Annales Chirurgiae Et Gynaecologiae Fenniae", 1968*

"**The relationship of pathologies of tissues and organs of the oral cavity with somatic diseases, especially the impact of systemic disorders characteristic of the metabolic syndrome.** So, **among patients with metabolic disorders (metabolic syndrome, diabetes, systemic lupus erythematosus) inflammatory diseases of the periodontal complex are common.** Periodontium, its structures are sensitive to the pathogenic effect of factors that form the proatherogenic spectrum of metabolic disorders." - Abduvakilov, Rizaev, in "Chronic Generalized Periodontitis, Associated Metabolic Syndrome", Bulletin of Problems Biology and Medicine, 2019.

"While the pulp of fresh **Mangosteen** as the fruit of Garcinia mangostana Linn., is sweet, juicy and tangy, **the rind (or peel or pericarp) is usually discarded as a waste product.** However, the rind has been used as a medicine for hundreds of years, especially in Southeast Asia, for example in diarrhoea, dysentery, skin infections and wounds. **The bioactive phytochemicals in mangosteen rind include xanthones such as α-, β- and γ-mangostin with potential health benefits including anti-inflammatory, antioxidant, neuroprotective, cytotoxic and anti-proliferative responses.** G. mangostana rind reduced blood glucose and lipid concentrations, blood pressure and liver steatosis, and improved insulin sensitivity in diet-induced obese rats. **Metabolic syndrome is a constellation of biochemical, physiological and metabolic parameters such as dyslipidaemia, hypertension, insulin resistance, central obesity and pro-inflammatory state that increases the risk of chronic diseases including type 2 diabetes and cardiovascular disease. The range of health benefits reported for purple mangosteen products may reduce the symptoms of metabolic syndrome. This study showed G. mangostana rind improved physiological, metabolic, liver and cardiovascular symptoms in rats with diet-induced**

metabolic syndrome, probably initiated by decreased infiltration of inflammatory cells into the heart, liver and other organs." - Lindsay Brown, et al., in "Rind from Purple Mangosteen (Garcinia mangostana) Attenuates Diet-Induced Physiological and Metabolic Changes in Obese Rats", Nutrients, 22 January 2021.

"An antioxidant-rich plum (Queen Garnet plum) accidentally bred by Queensland government scientists a decade ago is being hailed as a potential weapon in the fight against obesity. **We gave plum juice to obese rats with the same health problems humans have from being overweight. They had high blood pressure, a fatty liver, poor heart function and arthritis. When we put the plum juice in their food it all came back to normal without changing their diet. They lost weight, while their blood pressure, fat levels, as well as liver and heart function all returned to normal levels."** - Professor Lindsay Brown, University of Southern Queensland, in "Beating obesity is a plum job", The New Daily, 14 February 2015.

Fruit as Food

"The value of fruit to the system is largely found in its power to energize the tissues. The natural sugars in the fruit, release the vital energies of the digested foodstuffs and convert protein into actual muscular strength. On the other hand, in **possessing a large percentage of organic salts, such as magnesium, sodium, potassium, phosphorus, etc., the fruit, through its chemical affinity for poisons arising from waste and decomposition such as ammonia, uric acid, carbonic acid, oxalic and fatty acids has the power to neutralize and safely conduct these acids out of the system. Hence, the consumption of fruit is especially beneficial to those who are victims of autointoxication,** resulting either from a too heavy nitrogenous diet, or to air in badly-ventilated rooms surcharged with poisonous emanations. - Health Culture." - in "Dental Summary", 1924.

U.S. Department of Agriculture An Unsafe Dietitian

"Errors of diet are responsible for by far the most incidences of disease. Without distinction of phrase, the homely proverb:

"Most people dig their graves with their teeth."

Communicates the truth that multitudes shorten their lives and gallop to their tombs through overeating and through eating improper food.

To quote from Armstrong, who liberally translates Professor Charles Bouchard:

"Man is living constantly under the chance of being poisoned; he is always working towards his own destruction, his suicide, by intoxication due to products he creates within his own body."

The overtaxing of vital organs by improper food, the introduction of harmful flora into the intestine with certain foods (meats), the production and retention in the colon of harmful acids that are absorbed to attack the lining membrane of the heart and blood vessels, all these conditions-occurring oft-times through ignorance-can be corrected by the use of proper diet.

Hence we, as physicians. are astonished to learn that a department of the U.S. Government has sent out a circular illustrated with a picture of a huge chunk of beef, nearly surrounded by a few vegetables and sprigs of parsley, and bearing the words:

Meat Is Wholesome for Health and Vigour.

The statements therein are indefensibly broad, since meat is unwholesome, except to the very few.

Why this boosting of the butcher by a Government

department?

The issuance of this poster-circular should be universally condemned, and the Commissioner of Agriculture should be called to account, to explain, and to withdraw it, by a united intelligent profession." - in "New York State Journal of Medicine, November 1923.

Toxemic Results

"I have proved that the primitive races, while living in their normal conditions and surroundings, are free from certain diseases of the gastro-intestinal tract and from cancer, all of which exist widely in civilization and are apparently becoming more and more frequent.

This is so obvious in the case of cancer that much attention has been drawn to this particular stage of the stasis sequence and an enormous amount of money and time has been spent in endeavouring to find the origin of cancer.

The chief cause of the failure of these efforts is the fact that **cancer is not recognized as a part of a mechanical sequence, and as never affecting a healthy organ**, but is regarded as a primary condition. The cancerous cell will grow only in a suitable soil, and that soil is provided by the prolonged action of toxins in the tissues.

Chronic Intestinal Stasis

Besides these mechanical results of stasis, the sequence of which is quite obvious, we have those which are consequent on the fouling by organisms of the dammed-up contents of the small intestine, of the duodenum, and even of the stomach; with the extension of the infection along the hepatic and pancreatic ducts which produces gall stones and cancer. The mode of extension of the infection in these is as apparent as the mechanical changes.

The next series of changes we have to consider are those which come about by the absorption from the infected contents of the gastro-intestinal tract of more toxins, etc., than the liver is able to deal with. These noxious

substances getting into the circulation are carried to every organ and tissue in the body and produce disastrous results in proportion to the degree of the toxicity of the blood.

The degenerative changes in the thyroid, adrenal, and other ductless glands, the heart and blood vessels, the nervous system, the eyes and ears, the kidneys, liver, pancreas, uterus, ovaries, testes, prostate, breast, fat, skin, hair, lymphatic tissue of the nasopharynx, and the gums and teeth, these two last being the most frequent and conspicuous of all.

I have frequently described in detail, and I have shown how liable certain of these degenerated organs, such as the breast, uterus, ovary, and pancreas, are to be infected with cancer.

Among the nervous symptoms may be mentioned:

1. Intense headache.
2. Neuritis.
3. Neuralgia.
4. Sleeplessness.
5. Misery.
6. Complete mental and physical prostration.
7. Melancholia.
8. Epilepsy.
9. Disseminated sclerosis.
10. Delusions.
11. Dementia praecox (schizophrenia).

Besides these changes, which are the direct result of the supply of toxic blood to the tissues, we have a number of infections which occur because of the inability of the degenerated tissue to withstand their inroad.

These infections are all of such a nature as to be unable to obtain a Foothold in a Normal Healthy Subject." - Sir W. Arbuthnot Lane, MD, FRCS, in "Chronic Intestinal Stasis and Cancer", The Dental Summary, 1924.

Cardiovascular-Renal Regulation by Other Means than Drugs

"Cardiovascular-Renal disease is a useful term to include not only clinical entities wherein the 3 factors are pathologically related, but all states exhibiting; morbid alterations of vascular tension, plus or minus.

Blood-pressure, when above the norm, constitutes a vascular reaction against the presence of toxins in the circulating fluids.

Hence the primary consideration is to get rid of the toxins. When the pressure is abnormally low, reaction to toxic influences has gone too far for safety.

Conservative measures to restore equilibrium are then indicated.

Common causal factors in vascular hypertension are too much or unsuitable food, along with too little exercise; in short, accumulations of self-formed poisons.

Vascular equilibrium is obtained by regulation of conduct more efficiently and permanently than by the employment of any drugs.

Where vascular hypertension is present, there is also some enlargement of the heart. In hypotension there is present not so much cardiac weakness as failure of vasomotor centres.

Subjective symptoms must be judiciously estimated, not ignored. In all acute infections blood tension is lowered, except in meningitis.

Familiarity with vasotonic variations in apparently normal persons is necessary to a right appreciation of pressure anomalies in whom disease is beginning.

The factors reside more in insidious metabolic disorders and resulting toxaemias, rather than in heretofore accepted exogenous agencies.

A common ground of etiology is accepted involving factors of error in the conduct of life, in overfatigue, worries, omissions of wholesome hygienic measures, of watchfulness during progress of infections, etc.

These again depend for their baneful power upon changing activity in the sexual glands, in ovaries, in thyroid, etc., which lead by substitution to suprarenal and hypophyseal hypofunction; which in turn derange processes of tissue-respiration, oxygenation, inducing factors leading to production of sclerosis in the vascular apparatus.

Psychic and nervous stimuli, - e.g., pain, anger, fear, and, above all, protracted mental application, - cause elevation of blood-pressure, especially in minimal (diastolic) reading.

The pulse is also quickened.

Any or all agencies leading to myocardial inflammation or hypoplasia are factors, such as the course of infections, or constitutional diseases confining persons to bed or limiting the normal course of active life; also mechanical insults, displacements of organs, compressions of vascular trunks, secondary effects of anaemia, hemorrhages, valvular defects, cachexia, and the like.

Dr Charles E. de M. Sajous, of Philadelphia, states, in effect:

> *"While the adrenal secretion acts on the muscular fibres of the heart and of the arteries in general, it has been found that the brunt of this action is borne by the arterioles. When such action is abnormal, we may have the production of arteriosclerosis.* ***All the main causes usually assigned to arteriosclerosis may be summarized by the one word "intoxication"****. All but one of the morbid conditions known to provoke arteriosclerosis have also been shown to cause overactivity of the adrenals, and the evidence to this effect is further sustained by the fact that Coplin, in an examination of the adrenals of 22 cases of arteriosclerosis, found that 17 were markedly altered; the glands in the other cases being the seat of either tuberculosis or a secondary neoplasm."*

Ur. Paul G. Wooley, of Cincinnati, speaking of the fundamental factors in cardiac conditions, says:

"Leaving aside tumors and anomalies, there are two processes that are at the base of all cardiac lesions—inflammation and degeneration—these resulting from either mechanical or chemical causes. Either alone or in combination, inflammatory and degenerative changes are able to produce certain states of the heart as a whole which are called hypertrophy, atrophy, myocarditis, valvular stenosis, valvular insufficiency, aneurism, rupture, etc. Extrinsic factors operating through the vagus or sympathetic nerves produce physicochemical changes in the myocardium and in the heart muscle-cells of the bundle of His [the bundle of His consists of an aggregation of heart muscle cells that transmit electrical impulses from the atrio-ventricular node to Purkinje fibers in the ventricles, which function as a secondary pacemaker regulating heart beat], which cannot be distinguished with the eye or other optical apparatus, but which lead to various clinical effects."

Treatment of cardiovascular disorders, to effect cure, should be initiated so early in stages of evolution as to amount practically to prevention.

Every one is aware of the significance of positive and negative suggestion. Aside from the need for dietetic regulation, large resources lie in pursuing conservative personal hygienic measures. This is always practicable for every one, in whatsoever position in life involving no real sacrifice of time, duties, or pleasures. The key to cardiovascular health is to eat slowly, to rest often, to keep the skeletal structures sufficiently active, and to achieve mental equipoise.

Respiratory Education: Training the breathing apparatus to take in and expel increasing volumes of atmospheric air, thus increasing oxygenation, oxidation, tissue-respiration. This is achieved by amplifying lung capacity, enhancing mobility in the thorax, eliciting the cooperation of auxiliaiy

respiratory mechanisms; among the chief of these agencies being the diaphragm and external abdominal muscles.

These act as a pump whereby the abdominal areas are emptied, the blood and lymph forced away from areas of stagnation (splanchnic distribution) and toward the right heart, thus returning it to the general circulation. The apices of the lungs needspecial attention and distention.

Regulated Movements; Kinesitherapy: Systematic employment of:

a) Passive.
b) Active.
c) Resistant, alternating later with;
d) Coordinated, purposive movements, acts, and
e) Free activities.

Surface relaxation is thus induced and heat readily lost, hence the need for covering the body after exertion till circulatory equilibrium is restored.

Action should always be alternated with rest periods of equal length, — e.g. half-hour of action, half-hour of rest; also terrainkur, — steady walking, specified periods of time consumed and gradations of lift, of speed. A short nap is of great value, after active or passive energizing, to restore balance of mental and nervous control, to adjust the cardiovascular apparatus, as well as to secure hydrostatic equipoise.

Manutherapy, Manual or Mechanical Stimulation by Pressures or Repeated Light Blows (Concussion or Sinusoidalization), Vasomotor and Cerebrospinal Reflexotherapy: Skilled hand-treatments, not alone as massage, but by expert pressures exerted with precision on certain neural landmarks. Thus vasomotor regulation can be accurately controlled and vascular equilibrium assured.

Also, by concussion on defined areas at or near the vertebrae, the reflexes of contraction and dilatation can be elicited.

Here again we may employ "with special advantage lifting of the skin and subdennal structures.

Skin-Friction: Skin-stimulation by surface-friction and deep dermal and subdermal manipulation, a measure, in my opinion, of the utmost practical value in cardiovascular regulation.

Colonic Irrigation, Enemata: With or without saline ingredients or artificial blood-serum. To clear the colon of putrefactive materials — faeces, bacteria, vitiated intestinal fluids, mucus, etc.; to relieve stasis, also to act as a diuretic, there is no more efficacious diuretic than water forced into the bowels.

Baths, Hydrotherapy, Balneotherapy — Cold and hot baths, local, general, or full. (N. B.—Extremes (e.g., below 70° or above 100° F.) must be avoided always.)

In hypertension the best bath is the neutral immersion bath, 88° to 94° F., continued from 15 to 30 minutes, adding sufficient water to make it comfortable as water cools. The addition of sodium chloride and calcium chloride is often of advantage. In hypotension a brief hot bath raises pressure often to advantage. Cool douches aid in raising tension.

Dietetic Regulation: It is important to bear in mind that intestinal indigestion may exert grave influence; also anaphylaxis to certain proteids; the importance of excluding alcohol and other narcotics, excess of caffeine, etc.; also all articles of food which produce derangement of function, etc. Water-drinking, fluid-intake, should be encouraged so long as the heart remains competent; when vigour begins to fail, it is necessary to restrict intake of fluids.

Those cases showing insidious changes in circulatory structure are uniformly larger around the waist than the chest. This indicates that catabolism outruns anabolism.

The maintenance of a high degree of resistance to

bacterial infection is greatly dependent upon sufficient exercise in the open air, and the proper education of the body to respond to temperature changes in the surrounding air. It is not low temperature which causes "colds", but low resistance to temperature changes." - Dr J. Madison Taylor, MD, in "International Clinics", 1914.

Treatment by Light and Heat

"Therapeutic Gazette, 15 November 1921, **calls attention to the beneficial effects of light and heat upon a variety of pathologic conditions.**

These therapeutic agencies have most conclusively proven their value in the treatment of chronic infections, and particularly those incident to the tubercle bacilli.

Heliotherapy applied locally, has produced results, which have even made the aggressive surgeon lay aside his knife.

There is in this treatment a strong psychic element, but in addition to this, **light and heat produce vascular changes which are important factors in restoration to normal.**

The successful use of the finger light in curing lupus, and the value of sun baths in tuberculosis are attested by thousands of cases.

One of America's most distinguished surgeons, who had suffered anguish from an infected arm, was relieved of his pain in a few minutes, by heat and light applied thru an electric lamp, and remains, to this day, a firm believer in the efficiency of the method." - in "American Medicine", March 1922.

Electric Sun Fight Disease

"Lieutenant Colonel G. S. Hutchison, took 5 poor pit boys from British coal mines on a "sunbath" outing to Switzerland, where the natural sunlight has long been known to lie exceptionally beneficial to health, 50 boys who had received the rays regularly had gained an average of 4 pounds, 6 ounces in weight in a few months.

Fifty similar boys without the treatment gained an average of only 2 pounds, 10 ounces. The treated boys grew in height an average o f a little more than three quarters of an inch; the others grew less than half an inch.

Physicians have proved, that ultra-violet rays help prevent and cure the children's bone disease rickets. They frequently stop falling hair.

Dr August Rollier, MD for 20 years has been curing Tuberculosis of the bones by careful exposure to natural sunlight." - in "Electric "Suns" Fight Disease, Powerful Ultra-Violet Lights, Which Can Be Used in the Home, Are the Latest Tools of Physicians", Popular Science, October 1928.

One of the Many Medical Trade Golden Egg Goose's Cancer Research

Not "knowing" what "causes" disease, is very profitable. Thus to research the "cause" or "causes" in perpetuity is a good and profitable business plan.

Here we give the "Cancer Research" example, but it could be any example, "Epilepsy Research", "Psoriasis Research", "Diabetes Research", "Alzheimer Research", "Tinnitus Research", Etc..., Etc..., ad infinitum:

> *"Annual collection of NCRI Partner research funding data continues, and up to 2011, the National Cancer Research Institute (NCRI),* ***Database has recorded over £4 Billion of UK funded cancer research.****" - in "Cancer research spend in the UK 2002–2011, An overview of the research funded by NCRI Partners", NCRI, 2013.*

"In comparison to Europe, where the contribution of governmental and philanthropic funding is almost 50%–50%, governmental funding in the USA (mostly through the NCI) accounts for 94% of the total spend with a contribution of **€3.52 Billion** in FY2004-2005.

Europe and USA account for the majority of global funding with a combined spend of over **€8 Billion** per annum, compared to circa **€3 Billion** for the rest of the world. The total global spend (excluding industry) is estimated at over **€11 Billion** in 2004-2005 fiscal year." - in "Trends in the global funding and activity of **cancer research**", Molecular Oncology, June 2008.

If you don't have time to wait in perpetuity, and want to know the causes of disease, please read the following books:

1. "Medicine the Unknown Causes of Disease, or the Idiopathic Nature of Medicine"
2. "Medicine the Cure is Worse than the Disease"; and all and any other book published by the Hospitallers Order of the Good News.

The Cancer Industry and Cancer Research

"In no branch of their sorrows are the people being more cruelly and treacherously deceived and imposed upon than where this horrible scourge is concerned.

It is almost beyond belief that men so well-intentioned as medical-men can be so blind; but "there are none so blind as they that will not see."

The people are urged to co-operate in exposing the false claims made for orthodox methods of treating this evil. We are continually reassured that early treatment by orthodox methods offers bright hope of cure; and that the proportion of cures is steadily growing.

Such statements are utterly misleading. The death-rate from cancer is leaping and bounding up!

Actually, apart from certain small skin sores which are not really cancers, the number of recoveries through orthodox methods is so small as to be almost non-existent.

That many cases are caused by these methods, and many many more made much worse - and that at hideous cost in money and pain - is established fact.

The mortality per living million from cancer in England and Wales increased from 274 in the year 1850 to 1,563 in the year 1934; and is still sweeping upward.

People now suffering from cancer were, 10, 20, and 30 years ago, exactly as the younger people are today. The disease process that ends as a cancerous growth, or some other of the killing disorders, gives warning throughout its course by symptoms. "Symptoms are Nature's warnings!"

The tragedy of the orthodox viewpoint is that, regarding the various symptoms as different diseases prevents early recognition and arrest of the disease process that gives rise to them. If the cause of cancer be allowed in every case to continue until the growth appears, the degenerative process will always be permitted to proceed beyond the point at which it is most easily dealt with.

If anything more than the constantly and steeply soaring mortality rate were required to convince of the lamentable futility of the orthodox approach to the "cancer problem", it would be found in the reflection that, without exception, their entire armamentarium is concentrated upon trying to "cure" the growth. But cancer is not a local"disease."

The growth is a local manifestation of constitutional disorder; and, like most other evidences of the disease process, can be effectually dealt with only when the cause is corrected.

Also, as with most other symptoms, when the cause is corrected, the effect exhibits an often astonishing tendency to disappear.

Three factors make cancer fatal:

1. Continuation of the cause
2. Orthodox efforts to cure
3. Fear, and mistaken belief in incurability

"Cancer" is but one result of failure to live healthily:

1. Psychological turmoil,
2. Wrong thinking,
3. Vitamin and mineral deficiency,
4. Toxic accumulation, are the causes.

Faith and obedience to law are the chief remedy. With this, as with almost all other disharmony, recovery must come from within.

Everyone knows that both radium and X-rays are capable of causing cancer.

By what inversion of reasoning, then, have agents known to be causative come to be looked on as curative?

Hundreds of thousands of animals are tortured to death every year, repeatedly with fiendish and inconceivable cruelty, while men search in their pitiful pain-racked bodies for a cause that lies in the human soul!

"Cancer research" has become a lucrative industry and is one of the darkest of all blots on a tarnished escutcheon." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

The Cancer Problem

"In the first place, I wish to point out that cancer has been proved to be neither hereditary, contagious, nor infectious in its nature, but that it is in every instance a self-inflicted malady.

Cancer in man, moreover, is quite distinct from that which invades any of the lower animals, and it is impossible, even by inoculation, to transmit it from one person to another.

I therefore contend that **it is equally impossible to gain any information whatever of its nature or mode of attack by experiments upon the lower animals, and of this fact I think we have ample evidence in the sterile results which have followed the thousands of experiments which have been, and are constantly being, made upon these defenceless creatures.**

I am convinced that this method of investigation has been the means of retarding progress instead of advancing our knowledge of the nature and pathology of the disease.

The very fact that the death-rate from cancer, since I commenced practice, has risen over 200%, clearly points to the presumption that it is a disease entirely de pendent upon so-called civilization, which has led men terribly astray in the matter of diet and general hygiene, and I am strongly of opinion that the pernicious after-results of vaccination have exercised no little influence in

interfering prejudicially with healthy cell life.

A predisposing cause, to a certain extent, is based upon the fact that since vaccination became compulsory, and when the subjects vaccinated had arrived at the period of life when cancer, as a rule, attacks the individual, the disease has become more and more in evidence, and has continued to increase at an appalling rate.

Another point which claims our notice is the enormous in crease in the consumption of animal food during this same period. When I commenced practice, the importation of dead meat was about 5 lbs. per head per annum of the population. We know that the importation of frozen meat is now rather more than 100 lbs. per head of the population per annum.

Whether the amount of frozen meat which is consumed has a more pernicious effect upon the human frame than fresh meat, I am not prepared to say, but this I can affirm, that the consumption of animal food not only promotes **constipation, but gives rise to the most noxious form of decomposition that takes place in the intestinal canal.**

Moreover, man's anatomical and physiological conditions do not in any way lend themselves favourably to a carnivorous diet.

The teeth, salivary glands, the stomach, and length of the alimentary canal, all point distinctly to the presumption that man was intended originally to subsist upon the fruits of the earth.

Therefore, I maintain that his constant transgression against the laws of nature, in substituting to such an enormous extent, a carnivorous, **for that of his natural diet, has had a most prejudicial effect upon the health of every cell of his body, and we are well aware that cancer is neither more nor less than the result of a departure from a normal to a morbid cell.**

Healthy cell metabolism has become adversely affected, and a predisposition to disease established, seeing the health and functional vigour of a cell depends upon the condition of the blood, as well as its environment, being in exact harmony with its physio logical necessities.

Otherwise, **its normal role of existence is bound to suffer.**

Its pabulum, derived from the lymph, by which it is in constant contact, must therefore be uncontaminated by any foreign matter which may prove inimical to the functional activity of the cell.

Its nourishment, if it is to retain this, must of necessity consist of an abundant supply of living and not dead matter, a preponderance of the latter, to a proportionate exclusion of the former, being highly detrimental to healthy cell life upon which the resisting power to disease entirely depends.

It therefore follows, that if the blood stream be contaminated to an appreciable extent, either by inhaling for a prolonged period an atmosphere loaded with impurities (for our lungs are only adapted to receive pure air), or the absorption of toxins from the alimentary canal, or any other channel, every cell of the body will assuredly become adversely affected and the bodily health suffer pro rata.

Moreover, as time goes on, and if no precautions be taken to remedy this insanitary condition of affairs, a danger, which will become more and more pronounced, will eventually manifest its unwelcome presence.

This is, that the various glands whose function it is to secrete certain colloids, which exert a powerful influence in inhibiting the evil effects of the toxins above referred to, also become disorganized and cease to supply their due quota of antitoxins to the blood, while those of the stomach, pancreas and liver, which promote digestion and also provide antiseptics to the alimentary canal, also suffer naturally, thus losing their power to check pernicious fermentation and the development of toxins in the lower reaches of the intestinal canal, from which source toxic material so readily finds access to the blood.

This climax having been reached, it is not difficult to imagine the dire consequences which must inevitably ensue.

Normal cell metabolism and the resisting power to

disease become imperilled to a most serious extent, and the time cannot be far off when they will become totally demoralized, the result being that any vulnerable part of the body is laid open to the invasion of the enemy.

Nay, more, the vitality of every tissue will have become so adversely affected that it is rendered liable to be transformed into an actual nidus for disease, to establish itself within it.

This is more certain to be the case in organs whose functional activity, normally, fall into abeyance at certain periods of life.

The most important of these are the mammae and uterus, which we know are perhaps more liable to become the seat of cancer than any other organ, and which are fortunately within reach of easy inspection; and, if these have been the seat of injury of any kind, which has still further reduced their vitality, we are well aware, that if the blood happens to be in a vitiated condition, the liability to cancer will have there by considerably increased.

In this connection we should always bear in mind the fact (for an indisputable fact it is), that cancer never puts in an appearance, however remote, unless a suitable soil has been previously prepared for it, and this can only arise when, for a considerable period prior to its incidence, the blood has been in a vitiated condition, and consequently the cellular tissues have been rendered vulnerable to its invasion.

The explanation is that in consequence of those glands, which control cell metabolism, having been deprived of their power, in consequence of the toxic condition of their blood supply, to exercise their physio logical control of the life cycle of the, otherwise, loyal cells, these have, in favour able circumstances, thrown off allegiance to physiological law, and become a law unto them selves, the result being, there arises a case of the survival of the fittest, and the more robust commence to live at the expense of their weaker neighbours.

In short, they become cannibal in their proclivities.

Now, when a cell commences, and continues, to prey

upon dead or moribund cellular material, it would seem to become endowed with a new force, which, in normal circumstances, is quite foreign to it.

This new endowment is peculiar also to vegetable growths which derive their nourishment from devitalized organic material, e. g., the fungi in which there exists an amazingly rapid prolification, and multiplication of cell life, varying in potency according to the nature of the soil from which it springs, and the flesh of which varies to a marked degree in its effects upon man when ingested.

They are unable to flourish except in the dark and in rank soils loaded with de composing organic matter, which are in compatible with healthy vegetable life.

They invariably point to the desirability of improving the quality of the soil, from which they can readily be eradicated when suitable measures are resorted to.

From the analogy which the natural history of the cancer neoplasm bears to that of fungi, I feel inclined to classify cancer as an example of a fungoid growth, having its habitat upon devitalized animal tissue, the soil being provided by the blood, conveying, in its vascular ramification, an excess of the products of devitalized material, which has been consumed, and which has, in consequence of it having been in this condition, given rise to putrefactive changes of a highly noxious character, and which, moreover, invariably conduces to intestinal stasis, thus permitting of the noxious products finding ready access to the blood stream.

There is another strong resemblance which cancer bears to the poisonous fungi, viz., the acridity (having an acrid smell, odour), and poisonous character of its secretions; and, yet another, in the development of spores, which I have detected and photographed both in their capsule and after they have been discharged from it, in advanced cases of the disease.

And these are, I am convinced, the means by which metastasis is brought about, being conveyed by the lymphatics to the neighbouring glands, and, thence to distant organs.

I don't believe, as I once did, that it is the cancer cell which finds its way to the part secondarily affected, **but that it is these spores which give rise to a growth, retaining to a considerable extent the characteristics of its parent, no matter in what organ they may be deposited.**

This experience, taken together with the fact that **it is impossible to transplant cancerous tissue by inoculation**, or by insertion into a cut made in the skin of a healthy person, and be able to induce it to live and develop there, or, otherwise, to produce cancer in that individual.

This experiment was made upon himself by the late Dr. Senn, of Chicago - from whom I had, direct, the account of this experiment - and other 4 surgeons, who, in conjunction with Dr Senn, had pieces of cancer tissue, cut from a patient, inserted into incisions made in their arms.

The result in the majority of the cases was absolutely nil, yet in two, the inserted diseased tissue seemed to take a hold for a time, but shortly afterwards all trace of it disappeared.

I have every reason to conclude that before cancer can possibly assert itself, a suitable soil must previously have been brought into existence, and this can only be accounted for by a persistent neglect of hygienic laws, and more especially of those relating to diet and the sanitary condition of the colon.

On this point there can be no possible divergence of opinion, if the following facts are looked straight in the face:

1. The cases of cancer which have come under my own observation, and in which, **without exception, chronic constipation had for many years been in evidence.**

2. The diet had consisted of dead material of both vegetable and animal origin, **from which the essential organic salts had been extracted, and the nuclein destroyed in the process of cooking.**

Now, **it is impossible for the blood to retain its own health if these 2 essential constituents are not available,**

and it is equally impossible for the cells of the body to retain their health and vigour if they are deprived of the living principle derived from the live cells of members of the vegetable kingdom, or of milk, eggs, etc.

And it is because of this, and the after-results which naturally follow, the most important of which is constipation, that provision is made for the production of the soil to which I have referred.

Indeed, without a single exception, have **I ever met with a case of cancer which had not been preceded by long continued constipation, and, as a rule, by the almost invariable accompaniment of this, viz., a rheumatic diathesis.**

So strongly have I been impressed with this coincidence that I am inclined to look upon a rheumatic condition, which is dependent upon a similar cause, as a premonitory symptom of cancer, and therefore to class constipation as a predisposing cause of this disease almost equal to that of a faulty diet.

In connection with this subject I should like to hark back a little and refer to those local predisposing causes of the disease I began to discuss when speaking of that which is evident in cancer of the mammae and uterus, but which of course can only prove dangerous when a suitable soil had been provided for its seed bed.

I therefore take the opportunity of directing attention to the local exciting causes of the disease, always with the proviso that in no circumstances can cancer possibly arise, no matter how much the part has been irritated or injured, unless there is co-existent that condition of the blood which constitutes the predisposing cause, or, in other words, had provided a soil favourable to its pathogenesis.

Take, for example, cancer of the lip, tongue, fauces, and even the larynx, which is so frequently associated with excessive smoking, and in other instances by the secondary or tertiary effects of syphilis; or that of the stomach, liver and pancreas, **which is, as a rule, coincident with chronic dyspepsia; or that of the rectum and sigmoid flexure, where the irritating and also septic effects of the**

prolonged retention of hard faeces have been the exciting causes; or sweeps cancer, where the exciting cause is the irritating effects of soot or bituminous dust.

My contention is, there is too much attention paid to the local manifestation of cancer, and too little by far to the circumstances which have permitted it - an entirely foreign growth - to obtain a footing upon certain organs and tissues of the body, and there develop this most formidable form of disease, which by devitalizing, by means of acrid secretions, its environment, and thereafter utilizing this as pabulum, makes rapid inroads upon it, and in a marvellously short period attains enormous dimensions: for the fact must not be overlooked that the cancer cell still retains the power of secreting, as did its parent cell, though this has become vitiated to a degree commensurate with its departure from the healthy standard.

And I should add that the more depraved the soil is, the more rapid will be the growth of the invading neoplasm and the progress of its invasion of the adjoining area, unless energetic measures are adopted with a view to restore the resisting power of the cells to disease, which is the plan Nature adopts when she, by her otherwise unaided efforts, cures cancer.

And in this connection it should always be borne in mind that cancer is the only disease which grows, mainly at the expense of its environment, though it is always aided to a material extent by a vitiated blood supply.

Whereas, other tumours, in their process of growth, only displace the surrounding tissues and derive the whole of their nourishment from their vascular supply.

The reduction and prevention of cancer, therefore, must depend entirely upon assisting healthy cell metabolism by every possible means, and this can only be accomplished by supplying them with nourishment suitable to their physiological necessities, and at the same time by sanitary measures, applied both internally and externally to the body, which will ensure the freedom of the blood from toxic material; otherwise all our efforts to eradicate this

terrible scourge will prove of no avail.

The all-important fact that the human body is not only the most wonderful, complex and delicate piece of mechanism in existence, and yet the most easily kept in order, if only it has ordinary fair play, should never be lost sight of.

A sufficient amount of the living principle of vegetables and fruits should enter into our daily menu, and that when these are cooked, they should not be overcooked, and the cooking should be ordered in such a manner as will ensure the retention of the whole of their natural salts.

I also maintain that no fluid should be taken during meals, and that complete mastication be insisted upon. An other point that I should also desire to accentuate is, that water be taken freely between meals, and always in considerable quantity – a 500ml at least, and heated, if preferred.

I may add that this habit aids considerably in obtaining a complete evacuation of the bowels, which is essential if the integrity of the blood is to be assured.

Man should ever bear in mind that there is a religion of the body as well as that of the soul, the first receiving its penalties of disobedience during the life of the delinquent, and the latter, as we are led to believe, in the life that is to come.

It is a pitiable state of affairs to contemplate that man by his own act cultivates a virulent neoplasm within himself, which, by the poison it generates, brings him to a premature grave amidst sufferings of the most acute character." - Dr Robert Bell, MD, FRFPS, Etc., Physician in Charge of Cancer Research, Battersea Hospital, London, England Author of "Cancer, Its Cause, Reduction, Prevention and Treatment without Operation", "Health at Its Best versus Cancer", "The Cancer Scourge and How to Destroy It", "Cancer and Its Remedy", "Woman in Health and Sickness", etc., in "The Medical Summary", August 1916.

The Treatment of Cancer

"I wonder what action the Medical Council would have taken if some general practitioner had enlisted the lay press to boom a remedy which he had every reason to place absolute faith in, from the fact that it had proceeded far beyond the experimental stage, which is not the case with radium.

Why he would have been struck off the Register without the slightest compunction. **Such are the arbitrary powers possessed by this Council, and, therefore, I ask, is it not time that these should be curtailed, nay, more, that the Council as it stands be wiped out of existence, and one, elected by registered members of the profession, and not by corporate bodies, be established in its place.**

These remarks, however, are by the way, and yet I think they are called for in the circumstances as above noted.

The amount of callousness in the profession that is constantly cropping up at the present day is simply appalling, and cannot but lower the status of its members in the public eye. Evidence of this I am meeting with almost daily.

Permit me to cite only one or two instances which an outsider will have no little difficulty in crediting.

About 4 months ago a gentleman called upon me, stating that he had consulted a surgeon, who is notorious for his sweeping employment of the knife, and who insisted upon a laparotomy being done upon this confiding gentleman, and that it must be done at once.

Indeed, arrangements had been made for its performance the day following my interview with the patient. I remarked that it was little use his coming to me if he had made up his mind to submit to an operation on the following day.

His reply was that this depended upon what I had to say on the matter. My re-joiner then was, that, were I in his position no surgeon would prevail upon me to permit such an operation being done upon my abdomen.

I may state the patient was suffering from a tumor, about the size of a golf ball, in the region of the sigmoid flexure,

and there was a similar state of affairs in the rectovesical septum.

These, of course, bore a suspicious aspect, yet I could not see what good an operation could do, more especially as there was, from my point of view, a safer and better way out of the difficulty.

This opinion, and my advice based upon it, he said he would take into his serious consideration, and the next thing I heard was that he had cancelled the promise to go on the operating table, and asked me to take his case in hand, which I immediately commenced to do.

My treatment consisted in recommending a rational diet, and that the colon be completely emptied every day.

This treatment was continued for 3 months, at the end of which period no trace of the disease could be discerned, and the patient said to me, "I never felt better in my life."

The next and only case is of one which I have had many similar examples and escapes from the surgeon's knife.

About 6 months ago, viz., a lady called upon me under very similar circumstances to those of the previous case, which were, two surgeons had agreed that both of her mammae (breast) must come off, one insisting this should be done at once, while the other said a week might elapse.

The advice of the more urgent of the two had been accepted, and, consequently, the operation was arranged for the following day.

This callous and mutilating proceeding, however, I was privileged to frustrate, the fact being that there was not the remotest excuse for resorting to such drastic measures.

There certainly was present a little swelling in both mammae, which was more pronounced in the right, but these could not possibly be diagnosed by any man who knew his business as anything more or less than being due to a modified mastitis. I therefore assured the patient that there was not the slightest necessity for operation, and that she would be quite well in 1 week or 2, which prognosis has been completely verified." - Dr Robert Bell, MD, FRFPS, Physician in Charge of Cancer Research , Battersea Hospital, London, in "The Medical Summary", September 1916.

"Despite the great weight of authority to the contrary, the rational, scientific and successful treatment and cure of cancer depends upon its etiology and pathogenesis.

In fact, there is no reason other than the commercialism of surgery to deny this proposition.

In the last few years the cause of cancer has been repeatedly and ably stated in England by Bell and in America by Buckley.

In the last 2 years the writer has specifically stated it in over a dozen articles in the medical press and before 6 national and state medical society meetings.

For the reason that the details of the research and proof of the etiology have been published, and for brevity, only the conclusions will be stated here.

Cancer is a chronic intoxication caused by faulty elimination and the retention of wastes.

The reiteration of the above statements and their elaboration and positive proof in the last few years has educated the laity and endangered the surgical propaganda.

Therefore, an effort has been made to discredit these findings by calling sarcoma a cancer.

By so doing, it has been possible to show the incidence of sarcoma in the young, and its frequent occurrence immediately after and at the seat of acute trauma.

Now it is well known that sarcoma is a distinct pathological condition, that it is a connective tissue tumor while cancer or carcinoma is an epithelial tumor, and that there is no possible relation in their etiology. Yet the commercialism of surgery has seen fit to attempt to create this confusion.

Upon the etiology and pathogenesis of cancer the rational treatment follows:

1. The elimination of the noxious toxic wastes.
2. The removal of the source or cause of irritation.
3. The destruction of the cancerous tumour.

The cancer patient is the victim of chronic constipation.

Attention is first given to elimination by the bowels.

The weekly or semi-weekly defecation of the cancerous must be changed **to a complete evacuation of the colon once or twice in 24 hours.**

This should not be accomplished by drastic and weakening purgatives, but by mild and beneficent agencies.

In many cases it must be commenced by enema. The well-known vegetable remedies can be aided by spinal concussion and the sinusoidal current.

The essential is that there be active intestinal function.

Elimination by the kidneys is of equal importance.

The cancerous patient passes from about 250 to 500 cubic centimeters of urine in 24 hours.

This must be increased to 1,000 to 1,500 cubic centimeters and in some large persons to 2,000. This increased amount must also carry the requisite amount of solids.

Oxidation is also an important consideration. A number of well-known alteratives tend to build up the blood and increase its oxygen carrying power.

As alteratives, phytolacca, echinacea, stillingia and trifolium suggest themselves. There are many others. As tonics and builders of digestion and assimilation give nux vomica. In inflammation, swelling and induration of glands, phytolacca is a sovereign remedy.

Therefore it is a remedy par excellent in cancer of the breast. It can be given internally and applied externally.

For the elimination of morbific material there is no better remedy than echinacea. It can be given in large doses internally, externally applied as a dressing, with confidence in cancer.

In hard nodular tumors of the breast in women under 30 years, calcium fluorid is indicated.

In indolent tumors with ulcerating surfaces, calendula is often indicated.

Many other remedies suggest themselves. These remedies should generally be used one at a time. They should be

prescribed on indications just as if the patient did not have a cancer.

Treat the patient, not the cancer. The patient is the morbid entity.

Under the constitutional treatment indicated, the bowels will move freely and evacuate morbid material, the urine will increase to 1,000to 1,500 cubic centimeters in 24 hours, the blood-pressure will decrease to normal, the blood resistance will increase and the temperature become normal.

The patient will usually lose weight for a few days, the appetite, digestion and assimilation will improve and a general sense of well-being ensue.

The skin will become smooth and the complexion clear up.

The tumor, if exposed and accessible will lose its inflammation, swelling, induration and soreness and become clearly deliminated and reduced in size.

There will only remain the destruction of the tumor to completethe cure.

The destruction of the cancerous tumor depends upon certain well-known principles of pathology:

1. Cancerous cells have a greater proliferating vitality than normal cells.

2. Cancerous cells have less resisting vitality than normal cells.

The interval between the thermic death point of cancer cells and normal cells has been well expressed by Doyen and de Keating-Hart in France and worked out by Massey and Percy in the United States.

But cancer cells succumb with equal readiness to any other inflammatory agent, such as intercurrent acute infections, refrigeration, or caustic chemicals.

They also succumb to intense vibrations. If inflammatory agents be used it is necessary that the inflammation be intense and acute.

If vibrations like the X-ray or radium be used they must be so attuned that they kill and do not stimulate the growth.

The failure to recognize these points has been the cause of failure with these agencies.

The destruction of the cancerous tumor must be radical and complete.

For cancers of inaccessible and mucous surfaces, electro-thermal coagulation is the method of choice.

For exposed and accessible cancers, the use of chemical caustics is the method of choice.

It must be understood, that certain prejudices and prepossessions do not control in this matter.

The true end and purpose of treating a cancer patient is to cure the patient.

A "cure" followed by a recurrence is not a cure. The choice of a chemical caustic is determined by the location of the tumor, its advancement and rapidity of growth and the sensitiveness of the patient.

The caustics range from arsenious acid to sulphate of quinine. Many are very good. One of the best is composed of equal parts of zinc chloride, powdered sanguinaria and powdered charcoal made up with water to the consistency of a paste.

Bougard's and Marsden's pastes are just as good now as when first given to the profession despite the continued effort to discredit them.

When the tumor is all killed and comes out, the smooth healthy wound can be dressed and treated with a healing salve or dusting powder in the discretion of the physician.

Skin grafting will not be necessary. Wounds made by the removal of the breast by these methods, five by seven inches across will speedily fill up and heal over smooth. It may even be necessary to retard the growth of skin to prevent wrinkling.

At the time of applying both constitutional and local treatment, it is necessary to remove all sources of irritation.

It is futile to treat cancer of the breast in a woman suffering from prolapsus of the uterus. Other malpositions should also be corrected.

Orificial irritation should be removed. Attention should be given to irritation in the same zone (Fitz Gerald) as the cancerous tumor.

Following the methods briefly outlined, the cure of cancer is only limited by the location of the tumor and the extent of its invasion of vital parts.

It must be understood that the treatment of cancer must follow the rational and scientific lines dependent upon etiology and pathogenesis.

Cancer is not a surgical disease. In a curative sense all cancers are inoperable.

To accuse a surgeon of sincerity when he operates on a cancer is to accuse him of ignorance.

He can choose either horn of the dilemma to his liking. Both are equally fatal to the patient.

The surgeon who will cut into or around a cancerous tumor does so knowing that he does his patient irreparable injury and wrong.

He wields the knife not with curative intent, but for $100 to $500. The organized opposition to the right of the cancer patient to live is one of the unexplained paradoxes of American medicine.

The foregoing observations and suggestions are based upon a research experience of 11 years in the largest laboratory for cancer research in America.

This research has been prosecuted with the most exacting scientific criteria. No laboratory in America furnishes such a wealth of opportunity.

No guinea pigs, rabbits, monkeys or chickens are used.

The observations cover the laboratory and clinical examination of cases of human cancer.

The most exacting methods of diagnosis are employed. Patients are kept under observation by correspondence 5 to 10 years after they are cured.

The staff of this institution are members of the American Association of Progressive Medicine.

They have the "conscience" to cure cancer scientifically, rationally, medically.

They invite the profession to visit the institution and test

the truth of these statements and the efficacy of the methods outlined in this brief paper." - Dr E. M. Perdue, AM, MD, DPH, Prof, of Preventive Medicine in Eclectic Medical University, Director of Johnson's Pathological Laboratory for Cancer Research, Kansas City, Missouri, in "The Medical Summary", September 1916.

Enzyme Treatment of Pancreatic Cancer

"Dr Nicholas Gonzalez, MD followed up Dr Donald Kelley, MD work with Enzymes, in the Treatment of Pancreatic Cancer.

He got quite remarkable results; some of his patients were alive after 5 years, that's almost unheard of.

But then the dead-beat orthodox doctors started to muddy up the waters, deliberately torpedoing a major scientific study with him involved (they sent patients who were not screened properly, or that did not meet requirements, or were too far gone), to make sure his method was discredited.

So we got Gemcitabine instead, which costs US $330,000 for a 4 month course, and gives on average, 3 months of extra life." - Dr Keith Scott-Mumby, MD.

Almonds As Cancer Treatment

"Dr Dale Danner, MD, a terminal cancer victim himself, at first had no faith in Laetrile. **On the brink of death, he self-administered a massive dose as a last resort and was amazed to experience a release from pain and a return of appetite. Just 3 months later he was able to return to work.**

In 1967 cancer victim Joanne Wilkinson was told that it would be necessary to remove her leg, hip, bladder, and one of her kidneys as well.

When she chose Laetrile instead, her irate physicians warned her that she could not possibly live longer than 12 weeks.

Today, years afterward, Mrs. Wilkinson is living a healthy and productive life.

Alicia Buttons, wife of the famous actor comedian Red Buttons, had been given up as hopeless by practitioners of medicine.

After a few months of Laetrile therapy, however, her cancer had completely disappeared." - G. Edward Griffin, in "World Without Cancer The Story Of Vitamin B 17", 2002.

Vitamin B-17

"What Is Laetrile? Laetrile is made from the natural compound amygdalin, found in the seeds of many fruits, such as Almonds. Laetrile is also known as Amigdalina B-17 or Vitamin B-17.

Amygdalin contains glucose, benzaldehyde, and cyanide.

Cyanide is believed to be the active cancer-toxic ingredient in Laetrile. However, cyanide is toxic to all cells, so Laetrile's overall toxicity is a concern. Laetrile proponents claim that it's more toxic to cancer cells than to normal cells.

In 1924, Laetrile was synthesized from amygdalin and promoted as a cancer treatment." - Dr Joseph Mercola, DO, in "The Truth About a Cover-Up of Laetrile Cancer Treatment", The Epoch Times, 23 October 2014.

Anti-putrefactive Diet in Resolving High Blood Pressure

"Persistent High Blood pressure is due, says Edward E. Cornwall, to toxaemia or mechanical obstruction of the circulation or both, in the great majority of cases. There is only a small proportion of neurotic cases.

The differential diagnosis of the underlying pathological conditions in cases showing this symptom has to do chiefly with the relative degree to which arteriosclerosis, chronic nephritis and toxemia enter into them.

In a considerable proportion of cases showing high blood pressure physical examination, urinalysis and the investigation of symptoms give negative or inconclusive results. Where arterial hypertension is almost the only distinct morbid sign, we often get valuable diagnostic aid by observing the results which follow the taking by the patient of an Anti-putrefactive Diet.

By such a diet is meant one which lessens to a marked degree the putrefaction of animal protein in the digestive tract. This diet removes to a large extent the factor of putrefaction-toxemia of intestinal origin, which is present to a pathological degree in most cases showing high blood pressure." - in "The Ecclectic Review", 1913.

Arterial Hypotension or Low Blood Pressure

"Recovery from Hypotension, as recovery from Hypertension, its opposite condition, demands something far more fundamental than crutches, **and to restore the endocrine balance now thought so essential is to supply all possible deficiencies through complete diet** and at the same time to interdict the use of protein in excessive amounts, as well as all acid-forming combinations of starches with protein or acid, and this with a thorough mouth treatment of the carbohydrates, the starches of all

kinds as well as the sugars, **and a little sane treatment of the colon, to prevent the formation and absorption of colonic toxins, will insure a gradual return to normal conditions.**

This is cure in every sense of the word and there is nothing less than these measures that deserves the name.

To insure the free admission of the normal 16 elements it is only necessary to eat freely of the leafy greens and fruits, use whole grain breads and grain preparations of all kinds, bake or steam the tubers to preserve their alkalin content, and avoid all processed, denatured, devitalized, emasculated foods of every description.

To avoid excessive intake of protein is to hold down the total to the equivalent of 1 gramme of nitrogen for every 30 pounds of body weight, or nearly every day.

To stop the formation and absorption of colonic toxins is to clean out the colon every day till such time as it keeps itself clear.

This is best accomplished by the daily introduction into the colon of 3 quarts of warm water, all retained at one time, thus emptying it completely, and to do this every day.

This should be kept up till the right diet has had time to regenerate the failing musculature of the enfeebled colon, as it will do in a few weeks or months.

That this will result in "cure" there is no doubt, from the several hundred cases so treated, regeneration of everything not hopelessly degenerated occurring in a surprisingly short time." - Dr William Howard Hay, MD, in "The Dental Summary", 1924.

> ***"If Intestinal Toxemia is suspected or proved, Colonic Irrigations 2 or 3 times a week are of value**, and there are some who have claimed good results from the use of the Bulgarian lactic acid bacillus." - Dr George Morris Piersol, MD, Associate in Medicine University of Pennsylvania, in "The Management of High Blood-Pressure", Therapeutic Gazette, 1913.*

Pyorrhea: A "Disease" or the Symptom of a Condition

"Pyorrhea is the manifestation of the accumulation of toxic material in the system. This toxic material has lowered the cell resistance of an area or areas in the mouth, in proportion to the lowered cell resistance of a corresponding area or organ in the digestive tract.

"Disease" is the general term for any deviation from health; any failure or perversion of normal physiological action in the living organism.

There are 2 classifications of disease: the diathetic, arising from the diathesis or predisposition of the patient, and the enthetic, arising from without the patient.

The present favourite theory is that enthetic diseases arise from disease germs, **but the prime factor that allows these "disease" germs to operate is the condition of the individual.**

To fully appreciate what the life of the individual cell means to the body as a whole, I will quote from a bulletin of the Defensive-Diet League:

> *"The life and health of the body depend upon the life and health of the individual cell. Cells never die of old age (with the possible exception of the red blood cells), but they are poisoned to death, either by the products of improper foods or by their own detritus, the result of normal metabolism. The products of improper food and of improper combinations of foods are corrosive and destructive. So is the detritus left by the breaking down and renewal of cells. These products and this detritus make up substances that we have agreed to denominate acids. These acids must be eliminated or they may be "balanced" or "neutralized", rendering them not only harmless but helpful to life and health by the ingestion of foods that have been found to yield their opposite or alkalin end-products. The normal ratio and balance between these "acids" and "alkalins" is believed to be about 20*

points "acid" and eighty points "alkalin." At the 80 points or more on the "alkalin" side, a high state of immunity or of cell resistance has been found to exist."

Oxygen is the only .element that enters the body uncombined with any other element. It does not, however, become an integral part of the tissues but it enters into a loose combination with the hemoglobin of the blood in which form it is the most productive source of energy.

Without proper respiration our foods are incompletely oxidized and this results in accumulations of fat.

All the other elements enter the body in chemical combinations in an organic form, **for the cell cannot use inorganic or unorganized material.**

A deficiency of any of these 18 elements will, in time, cause serious disturbances and ultimately wreck the health of the individual.

The statement has been made that ninety per cent. or more of human ailments are traceable to inadequate nutrition and to improper elimination.

Laliman in his experiments showed that a deficiency of certain organic salts and the resulting retention of toxins in the body were the cause of a majority of functional "diseases."

The problem of nutrition in its relation to growth and development, and the subsequent elimination of toxic materials can be better understood if we make a general survey of the electronic theories of matter, atomic vibration and of the evolution of cell life.

These theories have been accepted by the leading -scientists.

Health means normal digestion, assimilation and elimination; these depend upon normal and atomic cell vibrations arising from perfect equilibrium of the life elements.

Professor Thompson, winner of the Nobel Prize for 1906, reached the conclusion in his electronic theories that the electron is the ultimate unit of all matter; that atoms are

made up of electrons or disembodied electrical charges in rapid motion.

The atom of elementary substances differs only in the number and arrangement of the electrons contained in them.

Thus it appears that the ultimate unit of all matter, as we understand the term, is not composed of "matter" at all, but that it is electricity or energy. Matter, then, is a pure hypothesis, and energy is the only reality.

If people would only learn that the manifestation of disease is an indication that Nature's laws have been transgressed they would soon realize that food poisoning is most insidious in its development and chronic in its result.

Most people are slowly poisoning themselves by eating beyond their digestive capacity, and by eating foods which do not chemically harmonize during the digestive process and by errors in cooking; yet how many men and women know anything about the food they eat, except that it tastes good?

The Bible gives us 3 cardinal virtues for the guidance of our souls which are: Faith, Hope and Charity; and the greatest of these is Charity.

There are also 3 cardinal factors for the maintenance and development of our bodies which are: Exercise, Air and Food; and the greatest of these is Food." - Dr Wait A. Cotton, DDS, in "Dental Summary", 1924.

The Management of Gall Bladder Disease

"The condition of the colon can by no means be overlooked in biliary tract disorders.

It is well known that amebic infestation has a special predeliction for the liver and typhoid barilli though affecting a remote portion of the bowel in their acute pathology, chronically infect the bile. Of scarcely less importance are the catarrhal and mucous forms of colitis in their secondary or associated effects upon the gall bladder.

Intestinal antisepsis, correction of bowel habits,

cleansing irrigations of the lower bowel or whatever means may be employed for the colon must occasionally be a part of our procedure in solving the problem of gall bladder disease. The colon as an actual focus of infection must always be considered. Always of great importance and of chief interest to the patient is the question of diet." - Dr Sam A. Overstreet, MD, FACP, in Kentucky Medical Journal, July 1937.

> *"Most physicians are surprised and many are quite credulous when told that most rectal diseases can be treated successfully by office methods, and without bed confinement, and that very seldom is it necessary to excise any of the parts. The symptoms which should call for a rectal examination such as pain, tenderness, spasm and itching are not going to be given in detail as is usual in papers on rectal disease except to emphasize two. The first is bleeding, for obvious reasons, and the other is those symptoms such as rheumatism, neuritis, dizziness, vertigo, headache, mental sluggishness, lack of ambition and others known to be due to focal infection. I wish to say that, although, this may sound somewhat radical to you, we are doing these things regularly in our office and having fair results. I believe that there is a definite need for this type of work and that these methods are much easier on the patient both physically and financially than radical surgery." - Dr Wilbur R. Houston, MD, in Kentucky Medical Journal, July 1937.*

Focal Infection

"Otitis Media and mastoiditis in infants may cause grave gastro-intestinal disturbances. In deafness of a non-suppurative character, the underlying cause is frequently a low-grade chronic infectious process.

Vertigo is usually due to Toxic Iritation from an infected focus.

Focal infection may cause striking psychic disturbances and is an etiological factor also in Arthritis, Cardiac Conditions, and Acute Hemorrhagic Nephritis. The author reports 2 cases of hemorrhagic nephritis in which the eradication of foci of infection was followed by good results.

The true origin of the bacteria is in the intestine, although they later may be found in the teeth, tonsils, etc. In addition, the intestinal canal is the most important cause of toxic factors in the human body, 162 different organisms from the human intestinal canal have been identified, and of these, 55 have been proven to be definitely pathogenic." - in "Sajous's Analytic Cyclopedia of Practical Medicine", 1931.

> *"In eclampsia it may be found that the foreign protein products of uterine origin are not the only causes of the toxemia, acidosis and terminal edemata always present, but that toxins of intestinal origin are ancillary factors of etiologic importance in these cases. The constant presence of constipation, apparent or masked, always present in eclamptics." - Dr Charles Reed, MD, Transactions of the American Gynecological Society", 1917.*

The Treatment of Epilepsy

"When we study patients suffering from essential epilepsy, we are at once impressed by the fact that the larger number, if indeed not all, present the earmarks of retarded or aberrant development.

Organisms in which evolution has been incomplete or aberrant, and in which we have reason to believe that metabolism also is not normal and that the individual suffers from the formation and retention of toxic substances.

As is well known, not only the seizures but also the symptoms of the intervallary period strongly suggest a toxic cause.

Among the symptoms present during the intervals suggesting toxicity are mental depression and morbidity, emotional irritability, heaviness, slowness of thought, headache, sensations of weakness, and less commonly tremor and muscular twitchings.

The physiological treatment resolves itself into the following subdivisions:

1. Treatment directed toward the elimination of waste and toxic substances
2. Exercise
3. Diet

4 The maintenance of the general physical and mental health as near the physiological level as possible

Under the first head we should bear in mind that it is important to keep open all the avenues of elimination.

The bowels should be opened once or twice daily; the kidneys should be kept active by the free ingestion of water, and the skin should be kept active by tepid sponge bathing or by brief tepid immersion baths followed by a gentle rubbing.

The idea of the bath should be not to produce a reaction or a possible tonic effect, but simply to encourage the activity of the skin as an emunctory organ.

Baths which produce profound reactions are contraindicated.

It goes without saying that in every case digestive difficulties should, as far as possible, be corrected, and especially should free evacuation of the bowels be insisted upon.

There can be no doubt that by the carrying out of a rigid hygiene - i.e., by the keeping open of the avenues of elimination, by favouring the oxidation of the tissues, and by the avoidance of an excess of foods which hamper or encumber oxidation and metabolism in general - the number of the seizures is greatly influenced.

Together with Dr Mitchell, I do not regard the symptoms which precede an attack sometimes for many hours as classifiable with the auras.

An aura is essentially and intrinsically a part of the epileptic attack. It is merely the sensory portion of the general cortical discharge.

The preliminary symptoms of headache, depression, or other vague disagreeable sensations sometimes experienced by epileptics for several hours or a day before a seizure are possibly to be referred to an increased degree of toxicity, and are in their way analogous to the symptoms which sometimes precede an attack of migraine or in other patients an outburst of hysteria.

They should suggest to us the use of a saline purge." - Dr Francis Dercum, MD, Professor of Nervous and Mental Diseases in the Jefferson Medical College of Philadelphia, in "Therapeutic Gazette", 1912.

Hydropathy in Resolving Epilepsy

"The fitting of glasses, the correction of dental abnormalities, and other similar corrective measures are of value in that they tend to place the individual in a more normal state of health. It goes without saying that an ophthalmoscopic examination should be made in all cases.

I have yet to be convinced that genuine epilepsy can be completely arrested by the correction of refractive errors or the removal of an unerupted tooth.

The importance of Hydrotherapy in Epilepsy is not always appreciated. In a general way, it is useful for its tonic effect. In a particular sense, it is of value to bring about a greater activity of the skin and thus indirectly relieving the kidneys from part of their load of elimination.

Enemata given frequently and using large amounts of water are exceedingly useful in cleaning out the torpid lower intestine. The quantities of fecal matter which accumulate in the colon of many epileptics seems remarkable. In serial attacks and status epilepticus the colonic flushing is of the utmost importance.

Its earlier use would in many cases have prevented the status." - Dr William T. Shanahan, MD, Superintendent of the Craig Colony for Epileptics, Sonyea, N.Y., in "Therapeutic Gazette", 1912.

> ***"Of all methods of treatment for Epilepsy now known, Hydrotherapy offers the most numerous and surest chances for success."*** *- Dr Fleury, MD in " Traité Thérapeutique et critique d'Hydrotherapie", 1875.*

Pneumonia and Its Treatment

"Dr A. E. Rouse, MD in "The Practitioner", January 1922 says that this is a disease in which the mortality remains unduly high, at the present day. When the diagnosis is made of lobar pneumonia, the following procedure should be followed.

1. Insist upon rest. Apply a poultice of antiphlogistine or thermofuge, and not linseed, the great advantage of this being that the poultice can be left on for 24 or 36 hours, and there is no need to keep on disturbing the patient by having to apply fresh linseed poultices.

2. Always add to the stimulant expectorant mixture 10 to 15 minims of tincture of strophanthus, remembering that, even in the case of a strong adult, the heart has to put up with undue strain, the right heart more especially. Give from the beginning a hypodermic injection of strychnine, gr. 1/60, digitaline gr. 1/100, once in the 24 hours; as the crisis of the illness draws near, give at least 2 in the 24 hours. If there is much dyspnea, cardiac distress, or cyanosis, do not hesitate to give 3 or even 4, remembering that the great majority of cases die of cardiac failure, and not from the lung condition.

3. Food should be given frequently and not in too large quantities at a time, milk, strong beef-tea, chicken essence, egg, milk, and brandy, and Benger's food; ring the changes in the diet, the patient feeds better if there is a little variety. For the thirst, barley-water is excellent, and 250ml of ordinary water is useful; it ensures free diuresis and helps to prevent kidney congestion. Secure a daily evacuation of the bowels, and in this way help to eliminate the toxins.

4. Do not disturb the patient with too frequent examination. **In very bad cases, oxygen inhalations are of service**, but if the heart is treated from the beginning of the disease in the way I have pointed out they are not likely to be wanted, the heart will be sufficiently strengthened and able to bear the extra strain put upon it. After the crisis has passed and the temperature is normal, keep the patient absolutely at rest, and on no account let him sit up for at least a week after the temperature has come down; after that let him sit up by degrees, watching carefully the effect on the pulse and colour of the face.

I have carried out this method of treatment during my 21 years in practice, and have had the average number of cases of pneumonia that a general practitioner meets with; I have been fortunate enough to have had only one fatal termination, acute double lobar pneumonia in an alcoholic of 50 years of age." - in "American Medicine", March 1922.

The Neglect of Hydropathy

"The last issue contains an able article by Dr. Joseph H. Pratt, which bears the impress of the true clinical spirit and will doubtless bring home to some of your readers **the criminal neglect of water as a remedial agent.**" - Dr Simon Baruch, MD, in Boston Medical and Surgical Journal, 3 July 1913.

Hydropathy in the Treatment of Acute Pneumonia

"I will confine my remarks to the question of using cooling measures the cold bath, cold wet packing, etc., in the treatment of pneumonia, and more especially to the question whether these measures were merely symptomatic or curative ones-meaning by the latter term such measures as were likely to assist the organism in its endeavours to get rid of an infectious disease. Roughly speaking, the means the body avails itself of for that purpose were phagocytosis, the casting out of the products of the disease and of the microbes, and the generating of antitoxic substances. The various changes that are produced by cooling measures on the circulation (increase of blood pressure, slowing of the heart's action, increase of secretions, especially of the kidneys, liver, and other Emunctories), on the respiration (deepening and slowing it), on the nervous system (causing sleep, quieting restlessness, creating desire for food and drink), and from these effects I came to the conclusion that cooling measures were not merely antipyretic and symptomatic measures, but that **they fell in with the natural processes which led to the spontaneous cure of the disease. Statistics also conclusively proved the good results of such treatment, another very important effect of which was considerably shortening convalescence."** - Dr Christian Baumerler, MD, Professor of Pathology and Therapeutics in the University of Freiburg, in "A Discussion On Acute Lobar Or Croupous Pneumonia; Its Etiology, Pathology, And Treatment", The British Medical Journal, 9 November 1895.

Colon Hydropathy

"Colonics a practice that also goes by the names colon hydrotherapy, colon irrigation and colon cleansing, most gut doctors are asked about the procedure on a weekly, if not a daily, basis.

> *"It's a very popular subject for patients to bring up. A lot of people think it will help with weight loss, and I tell them there's really no data in the medical literature to support any significant health benefits. We didn't find any benefit, but we did show there can be substantial harms." - Dr. Brooks Cash, professor of medicine at the University of South Alabama.*

Cash would know. He co-wrote a review article on colon cleansing while working in the Department of Gastroenterology at the National Naval Medical Center." - in "You Asked: Is Getting a Colonic Dangerous?", Time, 10 August 2016.

"Approaches such as colonic cleansing and hydrotherapy fall outside the mainstream medical approach to health and disease.

This does not, however, negate the fact that there are no high-quality clinical trials published in the medical literature supporting the use of regular or periodic colonic cleansing or purges to promote general health.

Colonic cleansing as an adjunct to general health has been around for centuries and will likely continue to be used by uninformed and suggestible individuals, often in response to commercial inducements involving questionable claims of health benefit.

To date, there have not been any convincing clinical trials or even case series to substantiate any claims of persistent general health benefits from routine or periodic cleansing of the colon." - Dr Ruben D. Acosta , MD, Dr Brooks D. Cash , MD, FACP, FACG, AGAF, in "Clinical Effects of Colonic Cleansing for General Health Promotion: A Systematic

Review", American Journal of Gastroenterology, 1 September 2009.

This report "Clinical Effects of Colonic Cleansing for General Health Promotion: A Systematic Review"; is a de facto misleading and ill-informed report, done by uninformed individuals.

The Hospitallers Order of the Good News, has gathered in its archives enough published clinical information to publish 8 Volumes on the subject.

The Order has published so far 2 Volumes on the Clinical Research and Therapeutic Value of Colon Hydropathy.

Do read the following books:

1. "Colon Hydropathy: The Clinical Evidence and The Health Conditions That Helps To Resolve", 2021.
2. "Colon Hydropathy, The Clinical Evidence and Published Research", 2028.

"Educating not medicating"

Removing One Source of Trouble in Systemic Disease

"The present-day habits of civilized beings are not conducive to the best health attainable by the human family. Sedentary life, overeating, irregular mealtimes, insufficient mastication, insufficiently cooked food, hasty eating, insufficient oxygenation of the blood, irregular sleeping hours, sudden changes of temperature from cold to hot and hot to cold, chilling of the body when overheated, etc., reduce the vitality to a remarkable degree. A great majority of the patients in the large cities, as a result of the conditions mentioned, are sufferers with indigestion, and as a consequence are afflicted with constipation. The absorption of faecal toxins is so great that headaches are frequent and prolonged. Drowsiness, want of ambition, tendency to

various ailments, etc., add to the already weakened state and the patients really go from bad to worse, each added trouble further loading down the impoisoned system almost to the danger point. Sometimes, indeed, quite to that point.

While a complete change of environment and habits would be the best thing possible for such patients, such is absolutely impossible in a great many instances, if not in all.

Hence the next best thing must be done.

One of the first things to be accomplish is to clean out the intestinal canal thorough.

At this time of the year (December), when patients are afflicted with colds in all varieties, undoubtedly much stress must be laid on the inactive state of the bowels.

The patient poisoned with faecal toxins unquestionably is more susceptible to colds and pneumonia than one free from such poisons.

It can be universally assumed that careful and efficient purging will serve an excellent purpose in removing a source of lowered vitality in these acute conditions due to cold.

Therefore, one of the first things to do is to see that the patient gets a complete evacuation of the bowels and that his bowels are kept cleaned out.

The mere statement of the patient that he has had a daily bowel movement is not sufficient, for the bowels may be full of faecal matter and yet permit the daily passage of a small amount that has gotten down to the rectum, the greater part remaining above it. We all have met these cases frequently."
- in "The Medical World", December 1914.

Castor Oil in the Treatment of Toxaemia

"In the prevention of the chronic degenerative diseases the energetic and constant regulation of autotoxemic tendencies and processes is bound to play a predominant part; and the control of these will largely depend upon the control obtained in preventing and treating successfully the abnormal bacterial and chemical decompositions, and the disorders of the gastro-intestinal canal. Banchard demonstrated that the intestinal tract is the source of the largest number of poisons that cause autointoxication.

Kline treated 15 cases of intestinal tuberculosis with sodium ricinoleate and reports the following results:

> *"The relief afforded by sodium ricinoleate is fairly prompt according to the degree of symptoms and this relief persists for a variable length of time. It appears to maintain the normal intestinal gradient and to reduce toxaemia; and that it shows evidence of relieving the symptoms attendant upon intestinal tuberculosis."*

Morris and Dorst have shown that sodium ricinoleate is capable of rendering bacterial antigen non-toxic.

Jackson says:

> *"At the moment we know of no detoxifying agent which acts so rapidly and efficiently as sodium ricinoleate."*

A diet rich in vitamins and minerals, the so-called "protective diet" supplemented with cod liver oil and brewer's yeast, has proved of undoubted value for increasing the resistance of tissues against infections.

The colon is the principal focus of infection in toxemia and should receive at least as much attention as the teeth,

tonsils, etc. Many constitutional disturbances as well as those of the abdominal cavity have their source of origin in a toxic condition of the enteric tract.

The "normal flora" of the intestinal canal may assume pathological activities under favourable conditions.

The colon bacillus is the agent most frequently responsible for non-gonorrheal infections of the genito-urinary- system.

Measures aimed at the detoxification of a septic colon will often help in solving a difficult diagnostic problem." - Dr Max Schoenbaum. MD, W. A. Moomaw, Ph.D, in "Toxemia of Intestinal Origin and Its Treatment With Castor Oil, and Castor Oil Derivatives", Virginia Medical Monthly, August 1936.

Arthritis and its Relationship with Various Foci of Infection

"The relationship of infection to arthritis was known as far back as 680 B.C.

On a tablet has been found the inscription of a physician:

> *"The pain in his head, his sides, and his feet has come from his teeth; they must be extracted."*

Holmes cites Hippocrates as describing 2 cases of the eradication of rheumatism by elimination of mouth infection.

Benjamin Rush in 1801 again directed attention to oral sepsis as a specific cause of joint disease.

It was not until 1912, well after the known relationship of bacteria and disease and the advent of the X-ray, that Dr. Billings called our attention to oral sepsis and its effect on the system.

Several years ago, we were much impressed with the teachings of various internists and orthopedists, who at that time claimed wonderful results with the use of various methods of their own.

These treatments consisted of:

1. Colonic Irrigations
2. Massage
3. Hydrotherapy
4. Improvement of Posture
5. Glandular Extracts
6. Special Diets

" - Dr H. H. Wescott, MD, FACS, in "Virginia Medical Monthly", July 1936.

Physiotherapy and Hydropathy in the Treatment of Mental Conditions

"**Physiotherapy and Hydrotherapy are valuable aids in the treatment of mental illness.**

In addition to the benefits derived from their use in the treatment of specific physical conditions, they are of value also in bringing about improvement in general bodily functions.

Properly used they serve to stimulate or depress the central nervous system, as required.

The psychological factor associated with their use often plays an important role in hastening mental recovery.

The correction of physical disturbances and abnormalities, and the improvement of psychic states that can be obtained through their use often are preliminary steps in the mental improvement that may follow.

Optimum results in such treatment can be obtained only with proper knowledge of the physiologic effects of the various agents used and by having a reasonable understanding of body mechanics and function." - Dr Albert Palombo, MD in "Physiotherapy and Hydrotherapy as Important Adjuncts in the Treatment of Mental Disease", Psychiatric Quarterly, December 1935.

*"**A study of the causes underlying the neglect of Hydrotherapy in this country leads to the conclusion that the chief fault is with the medical schools.**" - Dr Joseph H. Pratt, MD, in "The Neglect of Hydrotherapy in America", Boston Medical and Surgical Journal, 5 June 1913.*

*"**The various forms of Physical Therapy play an extremely important part in the modern treatment of diverse types of Arthritis.**" - Dr Frank Krusen, MD in "Physical Therapy in Arthritis", JAMA, 24 August 1940.*

Turpentine in Sciatica

"Dr. Ducros, of Marseilles, gives an account of the great efficacy he found in spirit of turpentine administered in cases of sciatica.

He employed it in the form of lavement; gradually increasing the quantity at successive injections, until it amounted to 2 or 3 ounces.

He conceives it to have a specific effect. – Gaz des Hôpitaux." - in "London Medical Gazette Or, Journal of Practical Medicine", Vol. 17, 1836, page 96.

Lavement: From French lavement, from laver ("to wash").

Noun lavement (plural lavements)
1. A washing or bathing.
2. A clyster.

The Employment of Physical Methods in the Treatment of Nervous Diseases

"**In contradistinction to pharmaceutical** and nutritive therapy, by the term "physical methods'" is implied the use of heat and cold-usually by means of water in its various states of aggregation; electricity and the mechanical agencies for curative purposes. To these are associated: the use of compressed or rarefied air, mineral waters, climate, as well as also suggestion and hypnotism (Rossbach).

In many forms of disease, these curative methods are positively recognized and employed by physicians, yet in the treatment of nervous disorders their application is far from being universal.

This is due to very definite reasons: Principally to the great diversity of opinions as to the value and futility of these methods as curative factors, comprising every shade from absolute negation to implicit faith.

The literature contains many papers on this subject, but their assertions are often absolutely contradictory.

In the hands of one the remedy is a panacea, in those of another a worthless agent. And still in spite of all opposition from the abundant and laborious work of earnest investigators a goodly part is based on generally accepted propositions and physiological facts, which are decisive for the employment of the methods and permit the sifting of the chaff from the wheat, the recognition of positive achievements, the rejection of inordinate claims and so the effort for a scientific basis of the several curative methods and their application. A reason is the imperfect knowledge of the administration of these methods by the physician, who first Jacks the opportunity to acquire it, which will become ever less through the establishment of schools with suitable appliances and means of instruction, while again many do not improve the opportunities offered. Every physician, engaged in the treatment of nervous diseases, must acquire a fundamental knowledge of all the physical methods and be able to use them.

These acquirements as yet are only complied with in Hydrotherapeutic Establishments and Sanitariums for Nervous Diseases, where, in the largest at least, the physical methods are extensively employed.

The results being quite often very satisfactory – in which at any rate the removal of tile patient from his injurious occupation and domestic relations, as well as the climatic situation of the institution are to be considered as significant factors make repeated and long sojourns desirable, or that similar therapeutic efforts be carried on at home which his condition indicates, a desire which can be complied with only occasionally.

By a general knowledge of the use of physical methods no essential difficulties would prevent their beneficial employment as therapeutic procedures, conformed to the domestic and business relations of such patients, who for some reason are unable to visit a Sanitarium, or for a sufficient time.

There are also a large number of cases in which, owing to the nature of the disease, treatment must be carried on at home,for after return from favourable surroundings to the usual relations a relapse occurs or in their peculiar position will probably occur, as in many "functional neuroses" and the milder psychoses." - Dr Aug. Hoffmann, MD, Dusseldorf, "The Alienist and Neurologist", October 1900.

Supply Deficiencies and Promote Elimination

"Merely changing from a wrong way of living to a better one, automatically stimulates elimination. Vitamin and mineral deficiency and multifarious auto-intoxication are the great Physical Causes of Disease. Under a more rational regime both these causes are remedied; and the balance, formerly in favour of toxic accumulation, is swung in the other direction. Vitamin and Mineral Deficiency may be made good, ideally, by utilizing the alkaline mineral foods. But in systems badly depleted, or with products grown in the usual impoverished soil, extra supplies must be tapped.

Promoting Elimination

Nothing but experience is likely to carry conviction as to the vast quantities of effete matter often stored in sick bodies. Masses of it, deposited in all sorts of sites in an endeavour to protect vital centres and organs, can be both seen, felt, and smelt.

Good health obviously cannot exist with tissues soaked and submerged in this foetid tide.

Only Nature (God, the Directive Intelligence within) can remove such encumbrance, and then only through the excretory and eliminative channels provided.

In this nature will generally succeed, given a reasonable opportunity and suitable materials.

Osteopathy

Manipulative treatment, as every Osteopath and many masseurs are aware, is one of the most useful helps for loosening and mobilizing old stores of sludge.

Chiropractic

Chiropractic has often indirectly a similar tendency. Neither in hospital nor in private practice can great success he expected where such resources are overlooked.

Hydropathy

Hydrotherapy is another of the agencies, that work seeming miracles. Hot and cold baths, hot and cold packs, enemas, irrigations, douches, and sprays, all play their part. Combined with instructed manual aid, wonders are often performed. Suitable equipment must be part of the armamentarium of any healing establishment conceived on adequate lines.

Medicinal Plants

Medicinal Plants, skilfully chosen and prepared, are often of the greatest possible service, for promoting both re-mineralisation and elimination.

In innumerable instances, even the gravest swellings and growths have been completely dispersed by appropriate herbs, specially when combined with simple general methods.

The Internal Bath

It would he surprising indeed if bodies befouled by filth were not benefited by internal bathing.

Those who have not seen the results of washing internally, by drinking large quantities of water, and working it through, or of daily rectal injection of quantities as large as 5 quarts, can have no conception of the condition of many disease-ridden bodies; nor of the regeneration which follows detoxication.

Repeatedly, in medical practice, sick systems soaked beyond saturation point are still further burdened with unusable food and paralysing drugs, while skin eruptions, sewer-like breath, and eliminating systems, generally, in distress, shout aloud what is needed.

The daily enema, when intoxication by retained waste is the cause of the trouble, is perhaps the most effective of all the physical drugless methods of treatment.

Electrical apparatus of many kinds are often of use, as Short Wave Appliances, Infra-red and Ultra-violet lamps, Diathermy, Vibrators, etc.

Nutrition

Dietetic variations, help powerfully.

Case-hardened indifference to common-sense feeding comes down heavily on the side of the acid-producers.

This trend must be changed by decreasing or even temporarily deleting these foods, and relying largely or solely for a time upon the alkaline elements.

Milk is one of the main standbys.

Thin toxic people, and sufferers from advanced digestive disorder, frequently benefit from quite prolonged periods on a dietary mainly or solely composed of milk.

With others, milk forms a basis, with vegetables and fruits in addition. Individuals many stones overweight, mineral deficient, and saturated with corruption, must exercise care.

Very severe reactions may supervene; and possible danger from this source can be avoided.

Do not fall into the error of looking upon Nature's way as a method of treatment, it is not; it is a manner of living.

It is a life-sentence. Backsliding exacts appropriate penalties. Bad dietary habits individuals, cannot live less a-socially for a few weeks, then return to their ways, and expect to be looked on as cured!" - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

Cod Liver Oil in the Treatment of Pulmonary Tuberculosis

"One of the most remarkable effects of the Cod-liver oil, in some cases of the second and third stage of phthisis, and in other forms of scrofulous disease with extensive suppuration, is the speedy removal of the sweats and other symptoms of hectic fever.

In conclusion; I would state it as the result of extensive experience, confirmed by a rational consideration of its mode of action, that the pure fresh Oil from the Liver of the Cod, is more beneficial in the treatment of Pulmonary Consumption than any agent, medicinal, dietetic, or regiminial, that has yet been employed." - Dr C.J.B. Williams, MD, FRS, in "Journal of Medicine", January 1849.

Iodine in the Treatment of Malaria and Small-Pox

Cholera

"Readers of the Indian Medical Gazette may remember a paper which I published in 1914 on my experience in the treatment of cholera with iodine. Since then I have used iodine exclusively for cholera and have struck nothing better.

In consequence of this state of affairs I had to look about for a substitute, and the first thing I did was to turn to iodine which had served me so efficiently on several other occasions in cholera, small-pox, influenza, intestinal colic, diarrhoea, dysentery and a host of other complaints.

The results were most gratifying. And now in the Suri Jail quinine is a thing of the past, and iodine has practically taken the place of all other drugs for the treatment of fevers, bowel complaints, and septic conditions.

It has also been my experience that the patient of these days is not satisfied with his doctor unless he prescribes some preparation with a high sounding name such as novarsenobillon or hormotone: whereas the ordinary household remedy iodine is far too commonplace to be accepted.

Quinine is given in 10 grain doses 3 times a day, and a course of treatment should last over 4 months.

Tincture of iodine has been given by me in 10 drop doses, 3 times a day, and need be continued for about 10 days only.

Taking the dosage and time of treatment as equal for argument's sake, then for the cost of every patient treated with quinine, 30 patients could be treated with iodine.

It has been my experience that unless spontaneous recovery occurs, which sometimes happens even with no quinine at all, an ordinary attack of malaria with a week or 10 days treatment often relapses. I have found that an attack of fever treated with iodine does not relapse.

Smallpox

Since 1913 I have been using tincture of iodine externally and internally in the treatment of small-pox.

The benefit of this method was first evidenced in an epidemic of small-pox, which broke out in the town of Suri in 1913, when I was the Chairman of the Suri Municipality.

I, with my Sanitary Inspector, used to visit every house where a case of small-pox had occurred and paint the patients with tincture of iodine twice daily.

And to some of the very bad cases who consented to take internal treatment a mixture of 10 drops of the tincture was given to be taken 3 times a day. The most marked feature about the treatment was that in no single house affected did a second case occur. In subsequent years whenever small-pox broke out in any locality I provided the Inspectors and Sub-Inspectors of vaccination with a bottle of iodine each and sent them out. They always reported most satisfactory results. Recently when I was stationed in Lucknow, small-pox broke out in epidemic form amongst the men of the 10th Middlesex Regiment.

Having had some experience of small-pox I was put in charge of the small-pox ward. **I used tincture of iodine freely and with the happiest results.**

My experience is that the free use of iodine at any stage of the disease cuts short the attack, reduces its virulence, and renders it absolutely innocuous.

Carbuncle

Iodine has been used for a long time as an application for boils, whitlows and carbuncles. But recently I had 2 very bad cases of large carbuncles one on the side of the neck, and an- other on the back. Free incisions were made, but in the neck case it was considered inadvisable to go very deep.

So instead half a grain of iodine was given intravenously; **the effect was like magic.**

Dysentery and Diarrhoea

It is now the routine practice at Suri that when a case of bowel trouble is admitted into the Jail Hospital, he first gets a dose of castor oil, which is followed by tincture of iodine 10 drops 3 times a day.

He never needs any other treatment.

Since I started the iodine treatment we have had no ill effects.

Tubercle

I hope to publish later a separate report on my experience in the treatment of tubercle with iodine." - Dr J. J. A. Brachio, MD, Civil Surgeon, in "The Indian Medical Gazette", July 1923.

Use of Iodine in Cholera

"Being encouraged by the effects of iodine in a few isolated cases of cholera, Brachio (Indian Med. Gaz., August, 1914) tried its effects more fully in an epidemic of rather a virulent type. The results were gratifying.

Nascent Iodine Treatment of Tuberculosis

Dally (Practitioner, June, 1914) experience with the treatment of pulmonary tuberculosis by means of intensive nascent iodine leads him to the belief that, for the stratum of society from which out patient practice is drawn, this method is of far greater and of more definite value than the common one.

Nascent iodine has had a definite bactericidal influence.

Glandular tuberculosis yields readily to this remedy.

He declares, nascent iodine has a wide scope in the amelioration of states in which the arterial blood pressure is continuously raised.

In the treatment of Arteriosclerosis, Dally has found it of great service in progressively lowering the already too high

maximal and minimal pressures to more normal levels, and thus in checking the further development of these insidious and harmful conditions." - Dr Charles Mix, MD, in "The Practical Medicine Series", Vol. VIII, 1915.

Iodine for Cholera

"A 1% solution of Iodine is said to destroy the comma bacillus. Drop-doses of the tincture control the vomiting, and seem to be prophylactic, in the premonitory symptoms of Cholera." - Dr C. F. Taylor, MD, in "The Medical World", 1885.

The Effects of Iodine, in Bronchocele, Paralysis, Chorea, Scrophula, Fistula Lachrymalis, Deafness, Dysphagia, Swelling, Distortions of the Spine

"In the present unsettled state of medical opinion respecting Iodine as a remedial agent, and in the almost total absence of detailed information respecting its effects on the human body, by the Medical Practitioners of this country, it occurred to me, as my experience has been very consider able with this remedy (having prescribed, at least, 180 ounces of it since March 1821), that a Report of my practice might be productive of some benefit , by showing , that the prejudices at present entertained against its internal use, are unfounded; and that it possesses very great powers in the cure of many obstinate diseases, over which other remedies have little or no influence." - Dr Alexander Manson, MD, 1825.

The Disease Cold

"The disease Cold for it is, in truth, a filth disease, and the first stage of all the recognized filth diseases.

Hence it is that they are steadily accumulating foul waste thruout the organism, for under such conditions they cannot even digest the usual amount of food, and that, of course, means indigestion; fermenting, putrefying food substances; and, consequently, autotoxemia, true blood-poisoning from the absorption of putrescence from the alimentary tract.

Who can imagine a more natural and certain cause of disease, the outcropping of which may take any one of the forms above mentioned, or, indeed, almost any other, as typhoid fever, arthritis, etc., depending upon the individual diathesis.

In midwinter, 1912-13, Assistant Surgeon General Rucker, of the United States Public Health Department, Washington, D.C. announced his "cure" for colds; and the associated press put it thru all the principal papers in this country, to this effect: "If people, when they found a cold coming on, would go to their rooms, open the windows, and let the winds blow over them stript, they would find their 'cold' leaving them very promptly!"

It so happened that about that time President Wilson had an attack and was having the coddling treatment directed by the White House doctor, and I suggested to Dr Rucker that it might be well for him to suggest a "dose" of his "favourite prescription": but, very naturally, he refrained from butting in in the case.

Nevertheless, what has been said herein will furnish food for thought with all open minded medical men.

My idea of "colds", diphtheria, measles, smallpox, etc., is, that the term, filth disease, is quite appropriate, in that the body, thru unwholesome living habits from some cause or causes, has acquired a filthy condition.

Doubtless one of the greatest handicaps we have is the smothering effect upon the respiratory function of the skin due to clothing.

The millions on millions of capillary blood-vessels are forever gasping for air, and only when in free communion with the air can they perform their function of absorbing oxygen and eliminating carbonic acid in full degree.

> *"Oxygen is the mighty scavenger in the vital economy, the general purifier and cleaner. Everywhere among the crevices and interstices of the vital plexus it lies in wait, seizing upon all stray stuff-waste products of functions and unassimilable matters of all kinds, and converting these forthwith into harmless and eliminable compounds" - from my book, "How to Feed the Baby".*

Hence, in default of skin-breathing occurs the accumulation of "filth"; but wrong and over-eating, deficiency of exercise, lack of reasonable ventilation of living and sleeping rooms, eating when tired, or getting tired shortly after any meal - all errors in regimen promote disease, excess of clothing being about the worst and from which we cannot wholly escape." - Dr Charles E. Page, MD "The Medical World", December 1914.

Seasonal Influence Upon Gastric Disorders

"We must admit that gastric cases are most prevalent during the cold season of the year.

I have made observations for several years on this point which conclusively prove that functional disturbances of the stomach and liver are more commonly met with during the first and last quarter of the year.

Lauder Brunton in "Allbutt's System", Vol. III, p. 199 says:

> *"Many people who are perfectly well during the dry weather begin to suffer from dyspepsia as soon as the weather becomes cold and damp."*

Robert Hutchison in "Brit. Med. Jour.", Vol. II, 1905 remarked:

> *"It is in the spring of the year that most dyspeptics are loudest in their complaints."*

Risien Russell, in "Allbutt's System", Vol. VIII, p. 51, writing on gastric tetany, which in the adult is frequently the result of gastric dilatation, says that exposure to cold will produce the tonic contraction of the extremities, and according to Gunbrecht nearly **3 out of 4 of the cases of Tetany occur between the months of January and March**.

Eustace Smith in "Brit. Med. Jour.", Vol. I, 1906 pointed to the influence of chill in producing acute gastric catarrh and disturbance of the liver in children.

Splanchnic Congestion from Malaria and Burnt of Body

There are other conditions which bring about an active congestion of the splanchnic area and we must consider if they are in any way connected with changes in the stomach

amongst other organs. In the cold stage of malarial fever we have a big displacement of blood from the skin to the internal organs which often causes nausea, vomiting, and intense headache, the pulse being small in volume and the urine increased in quantity.

In severe cases there is haemorrhage from the mucous membrane of the stomach and bowel, also haemoglobinuria or haematuria.

Rokitanski attributed some of his cases of gastric ulcer to malaria and if we consider the congested condition of the mucous membrane of the stomach in the remittent form when there is probably **a condition of splanchnic stasis there is some reason for associating the two diseases**, and English authors have spoken of malaria as a cause of ulcer of the stomach.

In burns of the body, in the stages of shock and collapse, there is a great determination of blood to the splanchnic and other areas, and ulceration of the duodenum and stomach is seen.

The fact of the ulceration in burns taking place about the tenth day has been thought by some to point to septic emboli as the cause, but it is difficult to understand why the emboli in the circulation should generally select the duodenum for their point of attack.

In injury to the skin it is not uncommon to have catarrhal inflammation of the mucous membrane of the upper part of the small intestine and stomach and not infrequently mucous and submucous haemorrhages, and in 3 cases of duodenal ulceration examined by Fenwick he found evidence of them being secondary to haemorrhage.

It is then probable that ulceration of the intestine in burns follows upon small haemorrhages in the congested mucous membrane, the congestion being the result of shock and an abnormal collection of blood in the splanchnic area." - Dr Alfred Mantle, MD, Physician to the Royal Halifax Infirmary, in "The Lancet", 14 April 1906.

The Malaria Farce

"In 1940 the **Rockefeller Foundation** succeeded in the second course of action.

They eliminated An. arabiensis – another form of malaria-transmitting mosquito – from northeastern Brazil using disciplined work teams to dig irrigation ditches, fumigate houses and kill larvae.

But malaria, which was almost certainly introduced to South America through colonization and the slave trade, never completely disappeared from the Amazon basin, where An. darlingi is the main vector, and by the 1980s the disease was once again sparking epidemics across Brazil.

The Office of Malaria Control in War Areas was established. The Office also applied its expertise to the home front: in the American South, it monitored infections to ensure patients received rapid treatment with quinine.

The measures resulted in the elimination of malaria in the US in 1951, and The Office of Malaria Control in War Areas was transformed into a much larger public health organization: **The CDC.**

Encouraged by such successes, in 1955 the World Health Organization (**WHO**) launched a campaign to eradicate malaria worldwide.

Its principle weapons were the insecticide DDT and chloroquine, a cheap derivative of quinine.

In 1969, with mosquito resistance to DDT spreading, the WHO abandoned its efforts.

In 2002, the fight against malaria received a massive boost with the establishment of The Global Fund, which now accounts for 60% of the money spent on malaria control each year.

Other new sources of funding included the U.S. President's Malaria Initiative and the **Bill & Melinda Gates Foundation**." - in "Bill & Melinda Gates Foundation", 19 November 2019.

Malaria Vaccine Farce

"The vaccine has the potential to make a substantial contribution to malaria control when used in combination with other effective control measures, especially in ***areas of high transmission.*** *Funding:* ***GlaxoSmithKline****, Biologicals SA , and the* ***PATH Malaria Vaccine Initiative****." - RTS,S Clinical Trials Partnership, in "The Lancet", 4 July 2015.*

"**The biggest concerns, however, are about the vaccine's safety. In the largest trial, children who received Mosquirix had a risk of meningitis 10 times higher than those who received a control vaccine.**

A trial enrolled 15,000 children in 7 African countries between 2009 and 2011, and had mixed results.

Among babies who received their first shot between 6 and 12 weeks of age, protection against severe malaria was close to zero." - Jop de Vrieze, in "First malaria vaccine rolled out in Africa—despite limited efficacy and nagging safety concerns", Science, 26 November 2019.

The Treatment of Malaria with Iodine

"From the 15 of April last up to date, 50 cases of malarial fevers have been treated with Iodine, and how well it has acted and how beneficial it has been as a substitute for quinine, which came under my care during the time I officiated as Civil Surgeon and in medical charge of the Hyderabad Troops at Ellichpur.

Headaches, the result of malaria, have also been successfully treated by this drug.

Its superiority over quinine was especially exemplified in the case of a lady who suffered regularly as often sis once a fortnight at times, but always once in three weeks from very severe headaches which laid her up for 3 days.

This lady first contracted malarial fever in the Mailghat,

which after the usual treatment with quinine apparently was overcome, but was followed by these violent attacks of headache.

Under the Iodine treatment relief has been afforded, and she has been free for now nearly 2 mouths." - Apothecary W. E. Hendricks, Madras Medical Service, in "Treatment of Malaria Fevers with Tincture of Iodine", The Indian Medical Gazette, December 1885.

Iodine in the Atomic State

"Atomidine, a water soluble Iodine Compound.

Atomidine is a preparation standardized to liberate 1% o f iodine in an Atomic or Nascent form when in contact with tissue. Atomidine is the outcome o f twelve years of research and its production bids fair to create greater possibilities than had been anticipated.

The therapeutic potentialities of iodine in an atomic state not only exceed those of pre-existing forms of this remedy, but, in addition, reactions appear that were unknown in the latter. Because of its ready assimilation, minute doses are sufficient to produce therapeutic effects.

This is quite contrary to the iodides of which nearly 80% are excreted unchanged.

No massive dosing becomes necessary, thereby obviating depressant and toxic reactions. Atomidine exerts a true germicidal effect in infections of the body. It is an active and efficient gastrointestinal antiseptic. It has the property of reducing blood pressure in case of hypertension.

Atomidine is an efficient diuretic and urinary antiseptic, acting in either an acid or alkaline medium.

It undoubtedly activates general metabolism, stimulates endocrine function and cell secretion.

Atomidine is the remedy of choice wherever a powerful non-irritating antiseptic and germicide is required.

Atomidine, together with a thorough prophylactic treatment, is very beneficial in the treatment of pyorrhea.

Its continued use will arrest the most stubborn cases.

If all soreness of gums has disappeared, the patient can be

dismissed as cured.

Iodine in the nascent form is one of Nature's fleeting, transitory states.

Atomidine

A Water Soluble Iodine Compound Controlled to liberate 1% Atomic Iodine in Solution.

Atomodine contains: 1% available Atomic Iodine.

Atomidine is a water soluble iodine compound capable of liberating in contact with tissue 1% of Atomic or Nascent Iodine. Atomidine has proved more active, less toxic and less irritating than molecular iodine.

Approximately 1/100 grain of iodine is present in one drop of the solution, 15 to 30 drops (1 or 2 droppers full) to 1/3 glass of cool water between treatments." - Schieffelin and Company, New York, 1929.

Iodosan

Iodosan is a special solution of iodine, not precipitated by water, but giving out iodine in the atomic state when diluted with tap water. Since the activity of elements is the greater the more minute their division, this, which is the greatest possible division of iodine, explains its activity.

It is easy to verify the statement that the iodine is given off in the atomic state, because the colouration of a solution of iodine varies with its condition, whether molecular, in which case the colour is brown, or atomic, as in the case of the violet solution made by chloroform. Iodosan is a liquid of intense red-brown colour. When it is diluted with a considerable quantity of water, the mixture assumes the characteristic red-violet colour, due apparently to the passage of the iodine into the atomic from the molecular state.

By experiments, Ruata has shown that the reaction is less after the application of Iodosan than after tincture of iodine, but that the Iodosan is more rapidly absorbed, and penetrates much more rapidly into the anterior chamber.

Clinically, he has found Iodosan of great value in the treatment of:

1. Blepharitis
2. Hypopyon-ulcer
3. Acute Dacryocystitis

Wherever, in fact, a powerful and rapid intervention was required to combat the attack of bacteria which had invaded the tissues." - Harold Grimsdale, in "The Ophthalmoscope", 1914.

Mud Baths and Nephritis

"The entablement of a hospital for nephritics in Marienbad during the war gave the writer special opportunity for studying the various factors of the treatment of this class of cases. It was shown that mud baths had a most intensive action upon the kidneys ill nephritic people.

There is an increase in diuresis, while the specific gravity of the urine remains unchanged or is, more generally, raised.

The increased diuresis lasts over the day of the bath as does also the higher specific gravity.

Moreover, after a continued period of baths, this increase in both respects lasts for several weeks.

There is also increased excretions of the chlorids and nitrogen ill the urine, which continues some time after a single bath baa been taken, and still longer after a whole course has been completed.

The increase of the chlorids lasts longer and is more marked than that of the nitrogen.

A diminution of the acidity of the urine is produced which sometimes leads to a remarkable degree of alkalinization. This phenomena, too, persists longer than the period of the bath treatment. The blood-pressure is lowered in the baths, the pulse frequency increased, and the body temperature raised. These phenomena are not in evidence beyond the day on which the bath is taken.

Since mud baths lead to a greater excretion of these

urinary substances they are of great advantage to the patient, and constitute a milder and more durable method than any therapy in which only medicaments are employed.

Calcium and calcium-containing waters produce beneficial results in some cases, in others, especially the sclerotic form, sulphur springs form an excellent means of treatment; finally, mud baths complete a triad of therapeutic agents for the treatment of nephritis, but in their use one must individualize in order to select the method beat suited to the case in question." - Dr Max Porges, MD in "Proceedings Royal Society of Medicine", March 1921.

Catarrh of the Female Genital Organs

"Catarrhal conditions of the female genital organs are characterized by a discharge. This discharge: must determine whether the condition is catarrhal or whether it is due to a growth.

Making your diagnosis by exclusion with the aid of the microscope, determine that it is a catarrhal condition and treat it likewise.

Gonorrhoea is in the majority of instances the cause of vaginitis.

Vaginitis is treated first by douching the parts with a solution of **Glyco-Thymoline**, one ounce to a quart of hot water, applying strips of cotton or gauze, saturated with the solution and left in place for 12 hours, even may be repeated more frequently than twice a day.

This may be alternated with other antiseptic and astringent solutions.

In other and severe forms of vaginitis, douching and irrigation of the parts with **Glyco-Thymoline** may be practiced with advantages and after the application of stronger caustic and other remedies. If the uterine mucous membrane be the seat and origin of the discharge the parts must be dilated, strong applications made irrigated before and after to clean out all deleterious material and to

neutralize the excess of the caustic or other medicament that may be employed.

For this purpose I make use of irrigations of **Glyco-Thymoline**, one ounce to the quart." - Dr Justin Herold, MD, New York City, "Medical Record", 1908.

Chronic Catarrhal Deafness

"Those cases of deafness which give evidence of congestion and inflammation of the drum membrane externally at the source of the trouble, always react well to the hot irrigation treatment.

When the membrane exhibits patches of sclerosis in considerable amount, the treatment is more tedious.

A solution of **Glyco-Thymoline** in 10% strength used at 100° will encourage active depletion of the congested area, restoring circulation of the minute terminal blood vessels and lymphatics.

Action is evidenced in the increased secretion of cerumen.

Tension is relieved and frequently the hearing is immediately improved.

Catarrhal manifestations of the nasopharynx should always receive attention in these cases.

Under this treatment tinnitus if present will be quickly relieved, even though due to intra-tympanitic causes.

There is generally more or less tubal occlusions in these cases which is in an indirect manner benefited by the **Glyco-Thymoline irrigation**.

In aural neuralgia of all types, irrigation should be followed by the application of **Glyco-Thymoline** full strength by means of a swab.

After all treatments by irrigation, a small tampon of absorbent cotton saturated with **Glyco-Thymoline** should be inserted in the external meatus." - in "The American Practitioner", 1908.

Treatment of Typhoid Fever

"The laboratory differentiation of typhoid, para-typhoid and these other clinically-kindred infections is very difficult and unsatisfactory. It is even true that the role of "typhoid bacillus" in the causation of typhoid has never been put to the test of experiment upon a human being, and, as typhoid does not occur in the lower animals, final proof of this connection is as yet wanting.

Morphologically, in their staining reactions, and by culture, it is extremely difficult to counter-distinguish the bacilli of typhoid and para-typhoid and the colon bacillus.

Thus it is apparent that a positively exact and satisfying diagnosis in a given case of this nature is made with the greatest difficulties.

It can best be arrived at by studious observation under treatment, which treatment is practically the same, except for the management of possible complications, in all the affections named.

This is the procedure I shall endeavour to outline simply and specifically, and in a manner adaptable not alone to sanitarium practice but to general practice as well.

Hydropathy

We know that temperature, in affording an unfavourable environment for the bacillus, is as much a part of the vis medicatrix naturae as is the elaboration of an antitoxin.

Refrigeration is depressive; it neither promotes physiological action nor removes causes.

It is not probable that we can have much direct effect upon the histological structures at the seat of typhoid infection.

Resistance and repair of these structures is a vital process, which we can only aid by conserving the sum of vital force through doing therapeutically a great share of the arduous work of elimination of accumulated excretions, organic debris, and toxines which are not being sufficiently cared for by the depressed Emunctories.

The coated tongue, headache, contaminated breath, depressed urination, fetid stools, nausea, aching, restlessness and mental confusion all call for the elimination and relaxation of the hot bath.

Diluents, (water and lemonade), render the stored up poisons less toxic and thus removable with the least injury to the system and with the smallest expenditure of vital force. Hot fomentations. hot packs, and hot baths, as later described, relieve the engorged viscera by attracting the blood to other parts, thus greatly assisting the intestine to perform the work of renovating itself.

The curriculum of treatment may vary in individual cases, but on general principles the nurse must begin at 7.00 am with flushing the colon. Use water at 100 F degrees, and as much as the patient can stand.

After this, a full bath is given at 106 F degrees for 10 to 15 minutes, the head being kept cool by frequently renewed ice water compresses.

When the face shows beginning perspiration (usually after ten minutes in bath of 106 F degrees), cold water is allowed to run into the tub rapidly, the attendant briskly mixing the water and rubbing the patient vigorously, until 80 F degrees is reached or slight chilling begins.

The patient is then lifted to a cot and loosely enveloped in a sheet and blanket for 20 minutes or half an hour.

He is given lemonade or water to drink, which hastens active perspiration. He is then quickly sponged and put to bed, after which the wet girdle or abdominal compress is applied, and hot water bottle placed at the feet.

These procedures generally induce sleep. They are repeated at 5.00 pm. At noon, the abdominal girdle is removed and (hot) fomentations are applied over the abdominal viscera for 30 minutes, after which the girdle is applied again.

If the baths or fomentations should arouse the hepatic function and induce nausea, tepid water or warm water must be taken in ample quantity to dilute the acrid materials and give the stomach sufficient bulk upon which to act so as to eject the bile without straining.

The emesis must continue until the water comes back clear, and be repeated whenever nausea appears. The abdominal girdle must be worn continuously. This, for all practical purposes, may consist of a linen sheet folded into the requisite width to cover stomach, liver, kidneys, and bowels, rolled into a bandage shape for convenience in applying. One end, or enough to go around the body, is wrung out in hot water. This is applied next to the skin, and the dry part over that to insure uniformity of heat, and to keep the bed dry. Eight layers of cheese-cloth wrung nearly dry out of cool water, and covered with 4 layers of flannel makes a compress of less bulk and of excellent efficacy. This simple device tranquilizes and soothes the whole nervous system and prevents delirium, besides inducing constant endosmotic and exosmotic action between the toxins in the body and the pure water in the compress. Under thermo-hydrotherapeutic treatment, dilution and constant removal of effete matters from the various outlets must necessarily bring about quicker renovation and purification.

The morbid sequelae of too many cases of drug medication, such as tedious convalescence, prolonged debility, enfeebled mentality, and abscesses, are not due to the disease, but to anti-dotal and suppressing methods of treatment.

If no abdominal complications are threatened, the morning and evening baths, with enemata and constant wearing of the abdominal compress, are all that is indicated.

The compress must be changed three times during the 24 hours, and at night, if the patient is restless.

The latter generally occurs when the moisture of the compress has been absorbed or evaporated. It is readily observable that by this plan of the use of baths there is no effort at the symptomic treatment of the temperature.

Some temporary reduction does occur from the hot baths, and is due to relaxation of the heat-conserving, contracted muscles and the attraction of the internal blood mass to the capillary safety valves where caloric is naturally released. So in typhoid, let us relax, dilute, and eliminate." - Dr W. Wilbur Blackman, DO, MD, Editor Atlanta, Ga.

Effects of Camphor, Eucalyptol and Menthol on the Vascular State of the Mucous Membrane

"The use of Menthol, Camphor and Eucalyptol in otorhinolaryngology extends back about 50 years.

These were introduced on the Continent by the French in 1879, and in 1884 the Germans began a study of them.

At that time they were hailed as a panacea for all ailments of the nose and throat.

All seem agreed that Camphor, Menthol and Eucalyptol are antiseptic, analgesic and astringent." - Dr Noah Fox, MD, in "Archives of Otolaryngology - Head and Neck Surgery", Vol. 6; Iss. 2, August 1927.

Alcohol and Breast Cancer

"Dr Rosenberg and her colleagues (The Lancet 30 Jan. 1982, p. 267) **report a positive association between alcohol consumption and breast cancer risk.**

Rosenberg et al. noted a previous report (Breslow NE, Enstrom JE, in "Geographic correlations between mortality rates and alcohol-tobacco consumption in the United States", J. Natl. Cancer Inst., 1974) **of a correlation between alcohol consumption (especially beer) and breast cancer mortality in 41 American States**." - in "The Lancet", 13 March 1982.

"In a study based on data from the Third National Cancer Survey, Williams and Horm observed a dose-response relation between breast cancer and the life-time consumption of beer, wine, and spirits.

The association, however, was weaker than in our study; this may be due to the inclusion in their control group of women with cancers of the colon and rectum, since it is now suspected that cancers affecting the large bowel may be associated with the consumption of alcohol, particularly beer.

There was an association between breast cancer and alcohol consumption in our study both when the cases were compared with controls who had cancer of the endometrium or ovary and when they were compared with controls who had non-malignant disorders." Dr Lynn Rosenberg, MD et al., in The Lancet 30 January 1982.

Lymph Stasis as a Risk Factor in Breast Cancer

"The tendency for breast cancer to occur more frequently on the left side than the right may reflect the effect of handedness.

Handedness might influence movement on the two sides and the secretion and clearance of carcinogenic agents within the breasts. If movement is protective, the relationship between handedness and breast cancer laterality should be discordant: the disease should occur more frequently on the side of the nondominant hand.

A number of studies indicate that many nonmalignant breast abnormalities (e.g., multiple nipples, dyslactation, polymastia, and gynecomastia) also occur more frequently on the left side than on the right (Williams, 1891; Landauer, 1939; Speert, 1942; Treves, 1958; Garfinkel et al 1959; Bannayan and Hajdu, 1972).

In considering a possible relationship between handedness and breast cancer laterality, we hypothesized that the disease occurs more frequently on the side of the nondominant hand.

This is consistent with the idea that handedness influences movement and that movement protects the breast by facilitating lymph drainage and the turnover of breast metabolites." - Jan Howard, Nicholas L. Petrakis, Irwin D. J. Bross, Alice S. Whittemore, in "Handedness and Breast Cancer Laterality", Human Biology, May 1982.

It the region of the breast; there is mainly Lymph.

It is known that lymph stasis, is a risk factor for the causation of breast-cancer.

It should be noted that alcohol, hops, and CO2 (Carbon Dioxide), these 3 elements have an active principle in aiding stasis in the lymphatic circulation.

For more information please read Chapter 7 "Breast Cancer", in book "Medicine The Lies, The Greed & The Death", 2021, on other factors in the causation of lymph-stasis such as constipation.

Migraine Sufferers Have Higher Risk for Stroke After Surgery

*"**People who suffer from migraines have increased risks of stroke, & hospital readmission within 30 days after having surgery**, according to research published in the BMJ 10 January 2017." - Harvard Health Blog, April 2017*

Migraines are specific indication of the state of toxaemia present in the individual. Obviously the Medical Trade is unaware of this, no one in their right mind would operate in an individual with toxaemia, and the sad particular is that the cause of surgery is being caused by the state of toxaemia of the individual. Never the less, if an individual suffers from migraines, part of the treatment plan involves Colon Hydropathy. Therefore, to preform Colon Hydropathy treatment; months, weeks and even days before a de facto needed operation, then Colon Hydropathy to alleviate the state of toxaemia of the individual should have been used.

Osteopathy & Chiropractic

"**Drugs are not part of the latest recommendations for treating "mechanical" back pain.**

What the researchers found was surprising: for acute and subacute low back pain, the best and safest treatments are not medicines. The American College of Physicians made the following strong recommendation:

Most patients with acute or subacute low back pain, can avoid potentially harmful and costly treatments and tests.

First-line therapy should include non-drug therapy, such as superficial heat, massage, acupuncture, or **spinal manipulation**.

Even the non-prescription pain relievers are not risk free.

Medicines like ibuprofen and naproxen, can cause stomach inflammation, ulcers, possible bleeding, and even kidney damage. Benzodiazepines and opiates, can cause sedation, making it hard to think clearly and function normally, they are also addictive. Basically, for acute and subacute low back pain, the risks of these medications outweigh the benefits. Other medications, were not significantly helpful for acute and subacute low back pain at all." - in "If you have low back pain try these steps first", Harvard Health Blog, 3 April 2017.

The Pharmaceutical War On The Essiac Tea

"Essiac tea, is prepared from a mixture of 4 herbs Arctium lappa, Rumex acetosella, Ulmus rubra and Rheum officinale.

Each of these herbs has been reported to possess antioxidant and anti-cancer activity. **Essiac itself has also been reported to demonstrate anti-cancer activity in vitro.**

We prepared an extract of Essiac tea from a concentration of 25 mg/mL and boiled it for 10 min. In this study, we examined the effects of Essiac on free radical scavenging and DNA damage in a non-cellular system, as well as the effects

Essiac on lipid peroxidation using the RAW 264.7 cell line.

We observed, using electron spin resonance, that Essiac effectively scavenged hydroxyl, up to 84% reduction in radical signal at the 50% tea preparation concentration, and superoxide radicals, up to 82% reduction in radical signal also at the 50% tea preparation concentration, as well as prevented hydroxyl radical-induced DNA damage.

In addition, Essiac inhibited hydroxyl radical-induced lipid peroxidation by up to 50% at the 50% tea preparation concentration.

These data indicate that Essiac tea possesses potent antioxidant and DNA-protective activity, properties that are common to natural anti-cancer agents. This study may help to explain the mechanisms behind the reported anti-cancer effects of Essiac." **- Stephen S. Leonard, Deborah Keil, Tracey Mehlman, Steven Proper, Xianglin Shi, Gabriel K. Harris, Health Effects Laboratory Division, National Institute for Occupational Safety and Health, West Virginia, USA**, in "Essiac Tea: Scavenging of reactive oxygen species and effects on DNA damage", Journal of Ethnopharmacology, 2006.

Thymol-Alcohol As a Disinfectant of The Field of Operation

"Kuhn (Surgery, Gynecology and Obstetrics, October 1912), following the reports of the studies of A. Hoffmann in Konig's clinic of the use of thymol in alcohol as a disinfectant of the skin preceding surgical operations, has been led to try the method on some two hundred consecutive cases. Hoffmann recommends a 5% solution of thymol in 60% alcohol for general use. His technique calls for the first application 8 to 10 minutes before the second, after which the field becomes sterile in from 3 to 5 minutes. Kuhn has modified Hoffmann's technique as follows:

The patient receives a tub bath the night before the operation. The abdomen or parts are scrubbed with soap and water and dried with a towel.

The patient is put to bed with no compress or application of any sort. One hour before the operation, the parts (scrotum and perineum excepted) are wiped over with a gauze sponge saturated with the solution, care being taken, following Hoffmann's instructions, not to use too moist a sponge or to allow the solution to remain in depressions.

There occurs at this time a sensation of warmth accompanied with a mild degree of hyperemia.

No patient has ever complained of burning or discomfort, nor has he had the slightest degree of dermatitis following. After the application has dried, which occurs in a few moments, a large sterile gauze pad is applied and retained with a binder.

The second application takes place on the operating table, the same precautions being followed as for the first.

The operation begins 5 minutes. after the last application.

In emergency cases the solution has been used immediately after the scrubbing, and has been used without preliminary scrubbing with good results.

This method has been found efficient in the preparation of the skin in any locality, over abrasions, compound fractures and infections, but it should not be used on the scrotum or the perineum, as it is here likely to produce a dermatitis, as is any alcoholic solution.

To get the best results, Hoffmann's rules should be followed: Allow at least 5 minutes after the applications before operating. Do not use an excess of solution or flush the parts. Do not allow the peritoneum to come in contact with the solution or with the skin disinfected with the solution." - in "Therapeutic Gazette", 1913.

The Treatment of Migraine

"Sufficient elimination comes first.

Avoid Auto-toxaemia, by preventing Hepatic and Intestinal Stasis.

We should strive to correct acidosis and pursue measures that will favour urinary alkalinity.

Cannabis indica is one of our best sedative drugs for continued use.

Avoidance of all factors which lead to an increase of toxins in the body, such as Constipation, unsuitable food.

Every effort should be made to increase the alkalinity of the blood, and to secure the excretion of an abundance of concentrated urine of high specific gravity to carry off the toxins and prevent Phosphatemia (excessive amounts of phosphate in the blood)." - in "The Medical Summary", August 1916.

Colon Hydrotherapists

"Colon Hydrotherapists use water to cleanse the colon of waste products and toxins." *- in "Colon Hydrotherapist", National Careers Service, 30 September 2020.*

https://nationalcareers.service.gov.uk/job-profiles/colon-hydrotherapist

This page was removed in 2021.

Science Confirms the Lore of the Indian

"Long ago the Seneca Indians collected mineral oil from the surface of water in pits dug in the oil sands.

A French missionary visited the Western Pennsylvania wilderness in 1627, and **was told that the crude petroleum thus obtained was good for rheumatism and skin diseases.**

Used internally, the Indians declared, it, killed a serpent that lived in the intestines and caused abdominal pains.

Today the twentieth century physician prescribes mineral oil as the safest, most rational treatment for constipation.

Nujol is the modern version of the Indian specific.

It is not a laxative or a purgative. Its action is to soften the intestinal contents and so make natural movements easy.

All druggists carry Nujol which it manufactured only by the Standard Oil Company (New Jersey). Avoid substitutes.

Write today tor booklet "The Rational Treatment of Constipation." - Cornell Daily Sun, Ithaca, New York, 25 April 1917.

Diabetes Has A Cure and Should Not Exist!

"For years we have been told; that Type II Diabetes has No cure.

That's what they told me in Medical School.

But why will it have a cure, if it is better to enrol someone taking medication for life?

It is a perfect business! I am surprised that there are so many colleagues who still think it is incurable.

The cause of diabetes is our responsibility as doctors by not knowing how to correct it, and therefore not teaching patients to prevent it, much less to cure it. It is a disease that multiplies daily, and governments think that changes in diet should be given little by little. How many more people have to die for us to do something about it? How many sicker children? How many obese people have to continue to suffer for something to happen?

Think about it...#Iampartofthesolution." - Dr Carlos Jaramillo, MD, Food myths, 27 November 2020.

Organic & Functional Diseases, Incident to the Menopause Treated by Electricity

"The most critical period through which a woman passes in life is at the cessation of the menstrual flow.

It is at this time that a tendency arises to the development of malignant or benign tumours of the breast, uterus or other parts of the body. It is at this time that a tumult of reflex nervous disturbances are manifested from the head to the feet.

The change may be sudden and attended with a stormy outburst of neurotic symptoms, or it may be insidious in its nature, and extend over several years duration, gradually undermining her health.

Successful Treatment by Electricity

When there is no organic disease of the genital organs, **I have often had the happiest results follow the simple application of the sinusoidal, or secondary faradic current of high tension, up and down the spine.**

With the latter, I use from 1500 to 2500 ohms resistance.

This treatment often allays spinal irritation and enables the woman to sleep and eat well, and thereby tides her over the critical period. Should this method fail to give relief I then apply the same currents directly to the cervix uteri, or into the uterine cavity, **which is invariably followed by relief of the nervous symptoms. When Endometritis also exists, I make a cathodal galvanic application to the endometrium, which destroys the unhealthy vegetative growths, and brings about a healthy condition which readily heals.** The common practice of giving sedatives or narcotics, in the form of bromides, chloral or opiates, is specially contra-indicated, as it depresses the patient, disturbs digestion, destroys the appetite and is liable to create a habit for these drugs. **There is no fact more thoroughly established in medical science than that of the intimate reciprocal relations existing between the genital organs and the nervous system. A disturbance of one is almost immediately felt by the other.**

The nervous symptoms common to the menopause are hot or cold flushes over the body, vertigo, insomnia, melancholia, tympanites;, ovarian neuralgia, pain in back of neck, indigestion, etc. All women are not affected in the same way." - Dr G. W. Overall, MD in "The Medical Council", September 1899.

Naso-Pharyngeal Catarrh

"The upper portion of the pharynx, above the palate, the roof of the pharynx, and the posterior portions of the nasal passages are liable to become diseased together in the form of what is known as naso-pharyngeal catarrh. It is quite common as a chronic affection or disease of long standing,

and is usually the result of a succession of more or less acute attacks which have left the mucous membranes of the parts designated in a permanently swollen condition, with a disposition to excessive secretion from their mucous glands.

In some cases, the glands themselves are diseased and permanently enlarged. The symptoms are those of more or less continuous impediment to free respiration through the nose, and the accumulation of viscid phlegm or mucus in the upper part of the pharynx, and at the back part of the nasal passages. This mucus is usually hawked out of the throat by a more or less violent inspiratory effort through the nose." - Dr Jacob Solis Cohen, MD, in "The Throat and The Voice: Part I, Ch. 15, Naso-Pharyngeal Catarrh", 1879.

"The symptoms of naso-pharyngeal catarrh are a sense of dryness in the throat, some difficulty in swallowing, a dry, frequent and spasmodic cough, nocturnal rather than diurnal. Such a cough may even be followed by vomiting.

It is of reflex origin, and caused by the secretion present in the pharynx threatening the entrance into the larynx.

The symptoms of naso-pharyngeal catarrh are more frequent and troublesome in winter than in summer. The common colds of inclement seasons often end in disease of the naso-pharynx. Finally, the lymphatic temperament plays an influential part. **Certain children of arthritic, tuberculous or scrofulous stock present an unusual development of the lymphatic system.**

Their subcutaneous glands are large, their flesh soft, and, as it were, gorged with lymph; their lymphoid organs (tonsils and closed follicles) are hypertrophied. The mucous membrane which covers this adenoid tissue is itself thickened, soft, and very prone to take on inflammation. The symptoms relate to the nose and throat; as regards the former, they are identical with those of **coryza (acute inflammatory condition involving the upper respiratory tract; especially: common cold**). **Treatment of naso-pharyngeal catarrh is general and local. The former is by means of cod liver oil, syrup of iodine and tannin, good food, fresh, air and sunshine.** The latter is by the use of a

spray of borated or sulphurous water. **His preference, however, is the solution of menthol in oil.** The pharynx may be cleansed and medicated by the spray or touched with pure or dilute tincture of iodine." - Dr J. Comby, MD in "Medical Bulletin", May 1897.

> ***"The general treatment of these acute pharyngeal conditions consists in keeping the Emunctories active, and the removal of any exciting cause. The diet should be light but nourishing. Rest*** *should be enjoined where any one of the exanthemata is threatened, or where there is high fever present." - Dr Albert J. Beehag, MD, in "The Treatment Of Pharyngeal Catarrh", The British Medical Journal, 29 September 1888.*

> *"So far as any conclusions can be come to, it would appear that* ***the flora of chronic nasopharyngeal catarrh is not materially different from that of the average nasopharynx****, and that* ***the difference lies principally in the amount of reaction produced by these organisms."*** *- Dr C. Ernest West, FRCS, "The Bacteriology of Chronic Post-nasal Catarrh: A Preliminary Study from Fifty Cases", P.R.S.M., 1911.*

The Evils of Polypharmacy, and of that Meddlesome and Perturbative Practice

"Sir John Forbes, in 1845, in an article in the "British and Foreign Medical Review", then conducted by him, entitled "Homoeopathy, Allopathy, and Young Physic", which excited a great deal of attention both in the medical and general public, **and the essential truthfulness of which was privately admitted by many who openly denounced it as injurious to the interests of the profession.**

The positions taken by the author were of the following kind:

1. In a large proportion of cases of disease, there is tendency to spontaneous or natural cure, which may be favoured by due attention to the conditions which ordinarily promote health. Such as appropriate diet, free respiration, exercise or rest as circumstances require, and especially by the mental expectation of recovery.

2. That to this tendency are we to attribute a large proportion of the recoveries under ordinary (allopathic) treatment, and all those which take place under the homoeopathic regimen.

3. The interference of Art should only be had recourse to, when it can be fairly expected to assist Nature in her curative efforts, or to antagonize some process which is obviously detrimental.

4. A rational system of Medicine can only be based upon the careful study of the natural course and termination of diseases, and of the operation of remedies in modifying their phenomena.

It has been generally understood to have been Sir John Forbes's intention to develop his views in a systematic treatise on Rational Medicine; but as advancing years have warned him that he can scarcely expect to finish his work according to his original plan, he has now published what he has already prepared as a general introduction to the subject, in the hope:

> ***"That the general views here given, will enable such junior practitioners as may study them to apply them, of their own accord, to the improvement of their treatment of diseases, by strengthening their confidence in Nature's powers, and by mitigating, in their hands, the evils of Polypharmacy, and of that meddlesome and perturbative practice so predominant in this country."***

This little book well deserves to be attentively studied, both by the medical practitioner and by the general public.

The former will find in it both his true vocation and the mode in which he should follow it, most discriminatingly set forth; whilst the latter will learn that **the greatest obstacle to Rational Medicine is the craving of the patient for some more potent system of treatment than a judicious adviser feels it desirable to adopt.**

To give Nature fair play by every means that can favour her own curative operations, is the first duty of the physician in the great majority of cases; to watch the course of disease, and to interfere only where he feels a reasonable confidence that he can do so with good effect, or at any rate without doing mischief, is his second.

In urging these views upon the profession, Sir John Forbes is really doing no more than enforcing, with all the advantages of modern science and the experience of 2,000 years, the principles of Hippocrates, the Father of Medicine, whose sagacity had completely anticipated them; **and when attacked, as he undoubtedly will be, by the representatives of that part of the profession which tries every new system by the standard of its own supposed interests,** he may fairly claim the protection of this universally respected authority." - in "The Westminster Review", April 1857.

Cancer Research

"The work of Abrams, on human energy is so exact, and so true that it is already working a revolution in the practice of the healing art.

In our University, instruments of precision have been constructed by which we demonstrate, measure, control and test the intensity and polarity of the emanation of human energy.

These methods have been confirmed by microscopical examinations of the tumours.

I have never seen the Abrams reaction fail, or be misleading.

I can say the same for the syphilitic reaction, and reaction for the predetermination of sex.

These methods are so simple, scientific, exact and practical as to make the methods of the laboratory, obsolete and historic in medicine." - Dr E. M. Perdue, AM, MD, DPH, Prof, of Preventive Medicine in Eclectic Medical University, Director of Johnson's Pathological Laboratory for Cancer Research, Kansas City, Missouri, in charge of the largest laboratory for Cancer Research in America, in "New Concepts in Diagnosis and Treatment: physico-clinical medicine, the practical application of the electronic theory in the interpretation and treatment of disease, with an appendix on new scientific facts", 1919.

"I have been interested in cancer for about 8 years.

I had one taken off my nose in 1911. They wanted to burn it off with the X-ray, but then they decided it should be cut off.

Dr E. M. Perdue, MD, I think, is the best authority on cancer in the world. I have seen a great deal of his work in London. **He has discovered a hyper-alkalinity of the blood which he treats, and the history of these cases is that they are constipated, are great meat eaters and tea and coffee drinkers. I have operated on some cases, and so far have had no return. I use drainage of the axillary glands.**

The skin clears up; the cancer cachexia clears up.

So far as the X-ray treatment is concerned, I had the pleasure of taking care of a cancer institute for 6 months for a classmate, who died of Bright's disease.

They brought in many cases that had been treated with the X-ray, where the cancer cells were cleared up, but with a great deal of infiltration, and the trouble recurred.

They cured many cases by internal medication. They cure 80% of cases." - Dr J. F. Cave, MD, in "The National Eclectic Medical Association", March 1918.

"At the present time amidst the period of the great cancer propagandas **there are some quarters announcing there is a role which alkalosis plays in feeding Cancer.**

Had these modern men listened to the pioneer labours of one of our former Journal Editors and eminent research members, Dr E. M. Perdue MD, of Kansas City, Missouri, they would have saved millions of dollars in such research, and highly coloured propaganda literature.

As early as the beginning of this century the role of alkalosis in cancer formation was given prominence in foreign countries.

Now is hypo and hyper alkalinity terms which are used in the research discussions.

For more than 40 years Dr E. M. Perdue, MD who was a recognised chemist, and teacher was an indefatigable worker in Cancer Research.

In September 1913 he published and read in Poughkeepsie, New York, at a Medical Convention the results of his additional research in alkalosis in Cancers." - in "The Journal of Medical-physical Research: A Journal of Progressive Medicine and Physical Therapies", Vol. 19, American Association for Medico-Physical Research, 1950.

The Fight Against the Cure of Cancer

"The last 2 years have witnessed a recrudescence of the fight against the cure of cancer. While this fight has always consisted in persecution, slander and libel of physicians, institutions and hospitals curing cancer, whenever opportunity affords, the American Medical Association (AMA), and State Boards of Health resort to prosecution.

These prosecutions vary in character from proceedings before the State Board of Health for the purpose of revocation of licensure, to prosecution in State and Federal Courts.

Many proceedings have been brought before the Post Office Department for the purpose of ruining a practice by stopping the mails.

Many physicians have been "framed" by the "narcotic squad", and the "whisky squad".

The purpose of all these proceedings has been to discourage the treatment and cure of cancer.

Many of these persecutions and prosecutions have succeeded because of the failure of the legal side of the defense.

There are several reasons for this:

1. Lawyers have been inclined to regard these proceedings as taken in good faith.
   a) By the Agents of State and National Government.
   b) By the American Medical Association (AMA).

2. By a failure of lawyers to appreciate the Constitutional scope of the right to practice the Art of Healing.

3. By Failure of lawyers properly to present the defense.

It can be taken as a general principle that none of these proceedings are undertaken in good faith. They have always been initiated at the suggestion of the American

Medical Association (AMA). This is enough to brand them as insincere from the beginning.

Then they are always prosecuted with the aid of the procured and perjured testimony.

No proceeding is to low for the American Medical Association (AMA), and its subsidiary executive boards the State Boards of Health:

1. The Narcotic Agents.
2. The Whisky Squad.
3. The Post Office Department.
4. The Better Business Bureau.
5. The Federal Trade Commission.
6. The Department of Justice.

And the various legal prosecuting agencies at the command of the American Medical Association in the various states.

That ruck of the underworld that lend dignity to our courts. They live and revel in that atmosphere "where vice is honourable and virtue a disgrace".

In the presence of such witnesses presented by the Government, by the American Medical Association, of by the State, lawyers fails in cross examination.

It can be done, and almost always out of their own mouths. There is no risk in it.

The presumption is so great that an attorney is safe in assuming that the testimony being offered is untrue, that it has been procured, that its falsity is known to opposing counsel.

In the case of the United States vs. Johnson, the testimony for the Government was procured by a "decoy".

On the witness stand he admitted that he used an assumed name, that he did not have a cancer, that he did not need treatment for cancer, that his written statements as to his name, his afflictions his description of a cancer, its location and severity, and his need of treatment were all false representations by his superiors in the employ of the

Government of the United States.

The District Attorney of the United States knew that all this testimony was false and procured, yet he presented it to a Grand Jury and secured an indictment upon it.

In the case of the United States vs. Stunz, all the testimony was procured and false.

The Declaration of Independence, as much a part of our organic law as the Constitution itself, enumerated 3 inalienable Constitutional Rights:

"Life, Liberty, and the Pursuit of Happiness."

There are a number of others of equal rank:

1. The Right of Access of Sunlight.
2. The Right of Access of Pure Air.
3. The Right of Access to a Pure Water Supply.
4. The Right of Ingress, and Egress upon one's own estate;
5. The Right to Equal Protection of the Law."

- Dr E. M. Perdue, MD, Attorney-at-Law, in "The Legal Phase of the Cancer Problem", The Journal of Medical-physical Research: A Journal of Progressive Medicine and Physical Therapies, Vol. 6-8, American Association for Medico-Physical Research, 1928.

Chapter 13

Sodium Bicarbonate True Enemy of the Pharmaceutical Industry

"It used to be common knowledge that Sodium Bicarbonate could easily cure a common cold, as well as assist in numerous other ailments.

What happened to all that information?

Additionally, I have come across people who have swore it to rid their cancer.

> *"When taken orally with water, especially water with high magnesium content, and when used transdermally in medicinal baths, Sodium Bicarbonate becomes a first-line medicinal for the treatment of cancer, kidney disease, diabetes, influenza and even the common cold. And importantly, it is also a powerful buffer against radiation exposure, so everyone should be up to speed on its use." - in "Sodium Bicarbonate", 2014.*

Ian F. Robey, in 2009, showed that oral sodium Bicarbonate increased the pH of tumours and also reduced the formation of spontaneous metastases in mice with breast cancer. It also reduced the rate of lymph node involvement.

> ***"The above data have shown that oral bicarbonate therapy significantly reduced the incidence of metastases in experimental models of breast and prostate cancer and that the effect seems to be primarily on distal (i.e., colonization), rather than proximal (i.e., intravasation), processes.***
> ***The dramatic effect of Bicarbonate Therapy on the formation of breast cancer metastases in this model system warrants***

further investigation." - *Ian F. Robey, Arizona Cancer Center, University of Arizona, et al., in "Bicarbonate increases tumor pH and inhibits spontaneous metastases", 2009*

It is already in wide use and has been for decades, even by oncologists who do not want their patients dropping dead too quickly because of the tremendous toxicity of their treatments. Sodium Bicarbonate is used routinely to keep the toxicity of chemotherapy agents and radiation from killing people or from destroying their kidneys.

Sodium Bicarbonate when combined with other strong but basic natural substances like magnesium chloride and iodine one has at ones fingertips a trinity of medical super heroes ready to perform scientific medical miracles in a single bound.

Sodium Bicarbonate, can save the day when nothing else can.

Earlier and more frequent use of Sodium Bicarbonate is associated with higher early resuscitability rates and with better long-term neurological outcomes in emergency units. Sodium Bicarbonate is very beneficial during Cardiopulmonary Resuscitation (CPR).

Sodium Bicarbonate helps to save countless lives every day. Bicarbonate is present in all body fluids and organs and plays a major role in the acid-base balances in the human body.

Bicarbonate deficiency is the most unrecognized medical condition on earth even though it is extraordinarily common. Problems from acid pH levels (relative deficiency in bicarbonate ions) take a large toll from human physiology and the more acid a person gets the larger the problem for cell physiology.

Every biochemical reaction is pH sensitive with enzymes being especially sensitive. Our diet plays an important role in maintaining appropriate pH levels in the body.

The alkalinizing Sodium Bicarbonate IV can often immediately stop an allergic reaction, or asthmatic attack, since such reactions cannot persist in an alkaline environment.

Sodium Bicarbonate is a very effective way of directly improving cellular health by making the tissue more alkaline.

Most modern diets give rise to unhealthy acidic pH conditions. An imbalanced pH will interrupt cellular activities and functions to extreme levels as ph drops further.

Excessive acidic pH leads to cellular deterioration which eventually brings on serious health problems such as cancer, cardiovascular disease, diabetes, osteoporosis and heartburn. The fact that the biological life functions best in a non-acidic (alkaline) environment speaks miles about the usefulness of Sodium Bicarbonate.

Sodium Bicarbonate is the time honoured method to "speed up" the return of the body's bicarbonate levels to normal. Bicarbonate is inorganic, very alkaline and like other mineral type substances supports an extensive list of biological functions.

Sodium Bicarbonate happens to be one of our most useful medicines because bicarbonate physiology is fundamental to life and health.

Sodium Bicarbonate is probably one of the most useful substances in the world; no wonder the pharmaceutical companies don't want doctors or anyone else to know much about it." - Dr Mark Sircus, AC., OMD, 2014.

Sodium Bicarbonate in the Treatment of Menière's Disease

"Intravenous injection of Sodium-Bicarbonate solution is not a symptomatic therapy, but an essential therapy for Menière's disease.

The effect of intravenous injection of sodium-bicarbonate solution can he explained in terms of the relief of the angioneurosis; relief of arteriole contraction, better oxygen supply, and faster absorption of edema." - Takatoshi Haskgawa, in "Intravenous Injection of 7% Solution of Sodium-Bicarbonate for the Treatment of Menière's Disease", Acta Oto-Laryngologica, Sup, 192, 1964.

Sodium Bicarbonate in the Treatment of Lymphatic Inflammation

"**I ascribe the rapid reduction of the Lymphatic Inflammation principally to the application of the Sodium Bicarbonate**, though of course in conjunction with the removal of exciting cause, and the purgative administered.

I was led to use the Sodium Bicarbonate by reading in your journal of its application by an American doctor to Burns and Scalds, **a use I have since frequently made of it with uniform and gratifying success."** - Dr Charles F. Murray, MD, Medical Officer, Gweedore, Co. Donegal, in "The Lancet", 3 January 1880.

Sodium Bicarbonate in the Treatment of Acidosis

"Acidosis of non-diabetic nature occurs as a rather frequent complication in both medicine and surgery.

By acidosis we understand in this paper a reduction of the alkali reserve of the body, as expressed by the bicarbonate concentration of plasma.

The cases of acidosis that will be described here can be classed under 2 headings:

1. Acidosis due to loss of alkaline secretions.
2. Acidosis due to retention of fixed acids.

Significant loss of alkali occurs in the fluid stools of severe diarrhoeas, and in fistulas of the small intestine and the bile ducts.

Retention of acids occurs chiefly in nephritis and other kidney diseases, where the acidosis is produced by retention chiefly of phosphates and sulphates.

The results of the bicarbonate treatment in all the cases studied have been favourable; in some instances this treatment even appears to have been lifesaving.

The effect is occasionally quite dramatic, and the beneficial results are usually observed in immediate relation to the injections or shortly afterwards.

The characteristical clinical symptom of overdosage of bicarbonate is tetany, which in severe instances may be fatal." - Esben Kirk, in "Treatment of Non-Diabetic Acidosis with Intravenous Injection of Isotonic Sodium Bicarbonate Solution", Journal of Internal Medicine 1936.

Sodium Bicarbonate in the Treatment of Radiocontrast Nephropathy

"Radiocontrast-induced Nephropathy is a well known consequence of cardiologic interventions.

Acute radiocontrast nephropathy is the 3rd most common cause of acute renal failure in patients admitted to a hospital.

Up to 7% of patients with this condition need temporary dialysis or progress to end-stage renal disease.

Radiocontrast Nephropathy does not only cause extended hospitalization and increased cost, but is also associated with an increased risk of death.

Numerous studies have identified predisposing risk factors such as pre-existing Chronic Kidney Disease (CKD), particularly diabetic kidney disease, degree of renal dysfunction, volume depletion, co-administration of nephrotoxic agents, high doses of radiocontrast, particularly ionic and high osmolar, repeated examinations at short intervals, as well as advanced cardiac failure, perhaps also age, smoking, and hypercholesterolemia." - Prof. Eberhard Ritz, Department Internal Medicine, Division of Nephrology, et al., in "Radiocontrast-Induced Acute Renal Failure - Impact beyond the Acute Phase", Journal of the American Society of Nephrology, March 2006.

> ***"Dr Glenn M Chertow from the University of California, in "Prevention of Radiocontrast Nephropathy: Back to Basics", JAMA, 19 May 2004, points out that Sodium Bicarbonate is readily available, inexpensive and apparently safe. He concludes that "a brief infusion of isotonic Sodium Bicarbonate preexposure and postexposure to radiocontrast should now be considered the treatment of choice for prevention of Radiocontrast Nephropathy."*** *- in "Inpharma", 29 May 2004.*

Respiratory Acidosis of Severe Acute Asthma Resolved with Sodium Bicarbonate

"Respiratory Acidosis of Severe Acute Asthma is a severity factor. Among the 22 patients who had Metabolic Acidosis on admission, 14 were treated with 168 +/- 82 mmol of Sodium Bicarbonate.

It is concluded that in more than **50% of the cases Respiratory Acidosis of Severe Acute Asthma is associated with a Metabolic Acidosis. Correcting this metabolic acidosis with Sodium Bicarbonate results in improvement of respiration,** perhaps by facilitating the action of bronchodilator catecholamines." - G. Bouachour, t al., in "Metabolic Acidosis in Severe Acute Asthma. Effect of alkaline therapy", Rev. Pneumol. Clin., 1992.

> ***"Administration of Sodium Bicarbonate in 17 children with Life-Threatening Asthma (LTA) was associated with a significant decrease in PCO2 and an improvement of Respiratory Distress."*** *- CMP Buysse, et al., in "Life-Threatening Asthma in Children: Treatment With Sodium Bicarbonate Reduces PCO2", Chest, 2005.*
>
> ***"Nearly 10% of US patients with COVID-19 have Chronic Lung Disease, including Asthma."*** *- in "Postmortem Lung Findings in a Patient With Asthma and Coronavirus Disease 2019", Chest, 28 April 2020.*

"The ongoing outbreak of Covid-19 has been expanding worldwide. As of 17 April 2020.

Respiratory Failure has been cited as the major cause of death but here we present a case about a patient who instead succumbed to severe metabolic acidosis with multiple organ failure.

It is possible that dysregulated inflammatory response (cytokine storm) caused the Metabolic Acidosis.

This has been described in severe bacterial sepsis.

Another reason could be extensive microvascular thrombosis causing the tissue hypoxia which has been described in Covid-19 patients.

Significant contribution to high lactic acid levels probably also comes from the high WBC count.

However, there is also the possibility of mitochondrial toxicity caused by lopinavir and ritonavir treatment." - Shabnam Chhetri, et al., in "A fatal case of COVID-19 due to metabolic acidosis following dysregulate inflammatory response (cytokine storm)", ID Cases, 19 May 2020.

"Lopinavir / Ritonavir (LPV/r): Sold under the brand name Kaletra among others, is a fixed-dose combination antiretroviral medication for the treatment and prevention of HIV/AIDS.

It combines lopinavir with a low dose of ritonavir. It is generally recommended for use with other antiretrovirals.

Common side effects include:

1. Diarrhoea.
2. Vomiting.
3. Feeling tired.
4. Headaches.
5. Muscle pains.

Severe side effects may include pancreatitis, liver problems, and high blood sugar.

Lopinavir/ritonavir as a single medication was approved for use in the United States in 2000. It is on the World Health Organization's List of Essential Medicines." - in "Wikipedia"

"We present a case of Covid-19 who developed severe Metabolic Acidosis from acute liver failure.

Respiratory distress in Covid-19 patients may be related to Metabolic Acidosis induced tachypnea." - Sauradeep Sarkar, et al., in "Corona Virus Disease-19-Induced Acute Liver Failure Leading to Severe Metabolic Acidosis", Chest, October 2020.

"After the case of blackwater **fever we reported last**

autumn, where the patient came into hospital in extremis and was only saved by the transfusion of whole blood, we came to the conclusion that in all future cases it would be advantageous to render the urine alkaline as early as possible, if by so doing we could cut short the duration of the attack and obviate suppression of urine.

We were influenced by the case reported by H. M. Hanschell in which the patient had been given intravenously 20 oz. of sodium bicarbonate solution (strength grs. 150 to the pint), **within 1 hour of being seen by the doctor with the result that the impending suppression of urine was prevented, diuresis promoted, and the attack apparently curtailed.** The work of S. L. Baker and E. C. Dodds supports this method of treatment in all cases of haemoglobinuria.

They state that:

> *"It (the treatment) should be such as will reduce the factors leading to precipitation of the pigment in the kidney tubules; these factors are seen to be acidity and salt concentration of the urine. Alkaline diuretics or transfusion of Sodium Bicarbonate solution as soon as possible should tend to minimise the haemoglobin precipitation of the tubules."*

Judging from the results it appears that immediate transfusion with sodium bicarbonate solution is indicated in all cases of blackwater fever to curtail the duration of the attack, to prevent blockage of the kidney tubules, and to avoid suppression of urine.

More than one transfusion may be needed and should be given when there is no appreciable improvement within the first 24 hours. The need for further transfusions should be judged by the progress of the case." - Dr W. Ernest Cooke, FRCS, DR Hugh Willoughby, MD in "Note on the use of intravenous Sodium Bicarbonate in the Treatment of Blackwater Fever", The Lancet, 16 February 1929.

Indications for the Use of Sodium Bicarbonate in the Treatment of Asthma

"When status asthmaticus is refractory to bronchodilators and has resulted in respiratory acidosis, the correction of acidemia by the intravenous administration of sodium bicarbonate relieves broncho-spasm and restores responsiveness to epinephrine.

Correction of acidemia lowers airway resistance and allows more effective ventilation at lower, and safer, inspiratory pressures.

Six cases are presented illustrating this, among them a 12-year-old child who, by this therapy, recovered from an attack of asthma which had lowered her arterial pH to 6.66.

By this approach, the use of mechanical ventilation can often be avoided." - Dr J. C. Mithoefer, MD et al., in "Indications for the Use of Sodium Bicarbonate in the Treatment of Intractable Asthma", Respiration, 1968.

Sodium Bicarbonate and Calcium Gluconate in the Treatment of Osteoarthritis

"Osteoarthritis (OA) is the most common joint disease; it is a consequence of cartilage degradation. Osteoarthritis may affect several joints, especially weight-bearing joints such as the knees. A joint's cartilage degradation is clinically recognized by a gradual development of pain, stiffness, and loss of motion. Among the elderly, hip and knee Osteoarthritis causes a greater degree of disability. It is estimated that 9.6% of men and 18% of women above 60 years have symptomatic Osteoarthritis primarily in the knees and hips. Osteoarthritis of the knee; and pharmacological therapies which include Analgesics, Nonsteroidal Anti-inflammatory Drugs (NSAIDS), Opioids, Hyaluronic Acid (HA) or Corticosteroid injections, and Various Drugs purported as **Disease Modifying Osteoarthritis Drugs (**DMOADs). Several side effects have been demonstrated, mainly from oral **NSAIDS treatments, which have been associated with gastrointestinal side effects, and opioids have been strongly associated with constipation, nausea, vomiting, dizziness, somnolence.** HA injections **may lead to increase medial co-contraction and accelerate joint deterioration.** Corticosteroid injections, **clinical improvements disappear by 4 weeks, and it is unsafe to inject it more than 4 times per year.**

A solution of Sodium Bicarbonate and Calcium Gluconate is effective on reducing the symptoms associated with Osteoarthritis. Its beneficial effect is maintained for one year of continuous monthly administration and at least for 6 months after the administration is discontinued. **When the dose of Calcium Gluconate is increased, it prevents further narrowing of joint-space.**" - García-Padilla et al., in "Effectiveness of intra-articular injections of sodium bicarbonate and calcium gluconate in the treatment of osteoarthritis of the knee: a randomized double-blind clinical trial", BMC Musculoskeletal Disorders. 2015.

Sodium Bicarbonate Treatment of Oral Mucositis in Cancer Patients with Solid Tumour

"Oral mucositis is one of the most common adverse effects of chemotherapy and radiotherapy.

Is diagnosed in 40%–50% of cancer patients treated with chemotherapy.

The condition may affect up to 80% of patients undergoing hematopoietic stem cell transplantation and 100% of patients receiving head and neck radiation therapy.

The aim of this study was to compare the efficacy of Plantago Major extract, versus chlorhexidine 0.12%, versus Sodium Bicarbonate 5% in the symptomatic treatment of chemotherapy-induced oral mucositis in solid tumour cancer patients.

Healing time was shorter with the double sodium bicarbonate solution compared to the other two rinses.

The double dose of Sodium Bicarbonate in the form of a mouthwash was associated with a shorter healing time (5 days vs. 7 days). This finding supports the use of alkaline oral care products as an evidence-based therapeutic approach for preventing and treating mucositis." - Cristina Martínez, et al., in "Efficacy of Plantago major, chlorhexidine 0.12% and sodium bicarbonate 5% solution in the treatment of oral mucositis in cancer patients with solid tumour: A feasibility randomised triple-blind phase III clinical trial", European Journal of Oncology Nursing, 2018.

Chapter 14

Opprobrium Medicinae

"Our medical concepts are still too burdened with autistic thinking. ***We think too much in terms of our own phantasies****, instead of in terms of a more biological reality, in medicine as in everything else." - in "Journal of Nervous & Mental Disease", September 1922.*

"And none of them is ever cured." *- Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.*

"For the most important thing is to speak with authority on subjects you know nothing about." *- Medical Trade Advise to Students of Medical Sciences.*

"In medical science, the thing that impressed me the most, is its capacity to defy logic." - Rui Alexandre Gabirro, Emunctologist

Surgical Operations

"There can hardly be a diseased organ in an otherwise healthy body; and permanent good has seldom resulted from excising the unhealthiest portions, and leaving the rest diseased.

When the cause of ill-health is dietetic, "exploratory" operating is turpitude; when psychological, "having a gink" is little better than homicide.

Says the surgeon, "there's something wrong somewhere; let's have a look - see"; or, "something's amiss, let's cut it out."

But blundering interference with structure and function,

though faultlessly intentioned, must reap a sorry reward.

Masking of symptoms deludes. It prevents recognition of error; and, too frequently, delays or aborts Nature's curative purpose.

The vast majority of symptoms are dietetic in origin; and readily respond when the cause is corrected." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

Cholera Asphyxia

"The practitioners were in dismay, and knew not what hand to turn to. Their remedies were as various as they were uncertain; and I retired from the scene, where the Opprobrium Medicinae stared me in the face, and taught me an impressive lesson of how poor a thing our boasted art is when God is against us.

Illness persuaded me to go no farther, called on me to proceed to a place where the disease had long existed, where panic had subsided.

I proceeded next morning to Newcastle; to find, after a single inspection of their hospitals, the disease managed upon a correct system, the medical attendants calm and philosophical, the indications of cure flowing out from premises easily to be understood; and all that was obscure, mysterious, and empirical, in Tranent and Musselburgh, was now dependant on rules of science easily comprehended.

Accidental circumstances early introduced to my acquaintance all the practitioners of Newcastle; and I was not many days in their city till they poured upon me a flood of knowledge.

I had now the most extensive opportunities of witnessing the disease, not only in Newcastle, but in the neighbouring villages, and with unfeigned gratitude do I acknowledge the generous liberality of the Newcastle practitioners.

Diarrhoea Precedes Cholera

From the very extensive opportunity of induction which I enjoyed, I proved, before I was long in Newcastle, that **Diarrhoea in this country always precedes Cholera Asphyxia**; that this **Diarrhoea is always a curable** complaint, and consequently that this formidable disease, the ways of which were wrapped in mystery, and inspired us with no feelings but gloom and despair, may now be calmly viewed by the eye of philosophy and common sense, as a malady, the secrets of which are open to us, and the control of which we have in our hands.

Eternal blessings be to him who has thus indicated a way, by which our suffering race have found out a passage of escape from this pestilence, which hitherto "walked in darkness".

While humbled before the dread vengeance of his omnipotent arm, let us yet rejoice in that bountiful benevolence, which has suffered us not to perish, but has given us the prospect of further days to serve him and to honour him.

Hitherto men even very conversant with the subject, had only arrived at the conclusion, that **Diarrhoea frequently precedes Cholera**; but enlarged opportunities of induction have enabled me to demonstrate that **Diarrhoea always precedes Cholera.**

I was able to announce to the friends of science, of truth, and humanity, that **Diarrhoea always precedes Cholera**.

Their certificates extend over a mass of more than 3,000 patients.

The largest employed and the most intelligent of the practitioners of England who have treated this disease, speak always determinately on the subject, that **Diarrhoea invariably precedes Cholera**.

Every man who kept an accurate note-book speaks determinately.

They all agree as to the great generality of the cases, and not one of them was able to announce that **a bona fide case ever occurred without premonitory symptoms**.

I now submit these certificates to you, with the addition of 14 testimonials from the great majority of the Scottish practitioners who have now had 6 weeks experience of the disease.

Did we ever hear this general fact plainly announced to the people, or at all proposed to be generally acted upon for great and national purposes?

Every surgeon's apprentice in Newcastle knew the fact of Diarrhoea frequently preceding Cholera.

The Symptoms of Cholera

Let me now give you as short a description as I can of the premonitory disease:

1. Complains of lassitude.
2. Frequently partial uneasiness in the region of the stomach.
3. Frequent evacuations from the bowels (from 2 to 12 times a day). His countenance is sharp and dark.
4. Occasional nausea may oppress him.

These symptoms may continue, varying in severity, from 1 to 10 days, before the second stage of the disorder supervenes.

The evacuations at the first are generally of a dark brown or blackish hue. As the looseness continues they gradually become less and less of a natural appearance, until they assume the consistence and aspect of dirty water.

Some headache, cramp of the fingers, toes, and abdomen, and almost always slight giddiness and ringing of the ears, accompany these symptoms.

Sometimes an intervening 2 or 3 days of costiveness supervenes, which is followed again by the Diarrhoea, and in a few hours collapse supervenes, and in general nausea and vomiting.

The skilful practitioner will now give Cathartics.

The bowels then in general act briskly.

Continue the course for 3 days, keep the patient warm in

bed, give him mild and gentle nourishment; and, after an immense quantity of horribly offensive dejections, the patient is completely recovered, and snatched from the jaws of the dreadful fate which awaited him.

The best practice is to give a large enema, of from 3 to 4 lbs., of as hot water as the hand can bear.

After 1 hour this enema should be withdrawn, by a tube introduced into the rectum.

The enema is generally returned very cold, and another hot injection should then be thrown in.

All the ordinary means of restoring heat should be studiously attended to: warm diluents frequently given.

An insatiable thirst prevails, and the patient should be occasionally indulged in his anxiety for cold water.

I would certainly be careful of the quantity. I would withdraw this injection at the end of another hour, and then introduce an enema of a pound and a half of warm water.

But if nature is to rally, the dejections become less frequent and more feculent; the vomiting diminishes or ceases; the pulse gradually and steadily improves infulness and in tone; the voice becomes more powerful; the strength improves, and the unfortunate is snatched from the dreadful fate that seemed to await him.

This is the stage to which I wish to reduce all our cases of Cholera. If we get them in this stage, we can cure them with as much certainty as I have indicated.

The natural secretions can be speedily restored, and health to a certainty induced." - Dr James B. Kirk, MD in "Practical Observations on Cholera Asphyxia", 1832.

Diarrhoea Precedes Covid-19

"Most persons with COVID-19 will experience the following:

1. Fever or chills
2. Cough
3. Shortness of breath or difficulty breathing
4. Fatigue
5. Muscle or body aches
6. Headache
7. New loss of taste or smell
8. Sore throat
9. Congestion or runny nose
10. **Nausea or vomiting**
11. **Diarrhea**

Many people with COVID-19 experience gastrointestinal symptoms such as nausea, vomiting or diarrhea, sometimes prior to developing fever and lower respiratory tract signs and symptoms. " - in "Coronavirus Disease 2019 (COVID-19)", National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases, CDC, 30 June 2020.

Prevalence of COVID-19 patients with Digestive Symptoms

"Since the outbreak of Coronavirus Disease 2019 (COVID-19) in December 2019, **various digestive symptoms have been frequently reported in patients infected with the virus.**

In this study, we aimed to further investigate the **prevalence and outcomes of COVID-19 patients with digestive symptoms.**

We enrolled confirmed patients with COVID-19 who

presented to 3 hospitals from 18 January 2020, to 28 February 2020.

All patients were confirmed by real-time polymerase chain reaction and were analyzed for clinical characteristics, laboratory data, and treatment.

Although most patients presented to the hospital with fever or respiratory symptoms, **we found that 103 patients (50.5%) reported a digestive symptom, including** lack of appetite (81 [78.6%] cases), **diarrhea (35 [34%] cases)**, vomiting (4 [3.9%] cases), and abdominal pain (2 [1.9%] cases).

If lack of appetite is excluded from the analysis (because it is less specific for the gastrointestinal tract), there were 38 total cases (18.6%) where patients presented with a gastrointestinal-specific symptom, **including diarrhea**, vomiting, or abdominal pain.

Patients with digestive symptoms had a significantly longer time from onset to admission than patients without digestive symptoms (9.0 days vs 7.3 days).

In 6 cases, there were digestive symptoms, but no respiratory symptoms. As the severity of the disease increased, digestive symptoms became more pronounced.

On 7 January 2020, a novel coronavirus was isolated and named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV) in the wake of an outbreak of pneumonia of unknown cause in Wuhan city, China.

This pneumonia was called Coronavirus Disease 2019 (COVID-19) by the World Health Organization on 11 February 2020.

The COVID-19 outbreak has become a pandemic that is threatening global health, undermining the global economy, and destabilizing societies across the world.

It is well established that most patients with COVID-19 have fever along with respiratory signs and symptoms, such as cough and dyspnea.

To date, there is some uncertainty about the prevalence of extrapulmonary symptoms, such as those **arising from the gastrointestinal tract.**

In particular, our initial observations with COVID-19 indicate that **many patients present initially with diarrhea, anorexia, and vomiting**, not necessarily with respiratory symptoms at first.

One hundred three patients (50.5%) admitted to the hospital were found to present with one or more digestive symptoms." - Pan L, et al. In "Clinical Characteristics of COVID-19 Patients With Digestive Symptoms in Hubei, China", Am. J. Gastroenterol., 2020.

The 6 Types of Covid-19

"Analysis of data from the COVID Symptom Study app, led by researchers from King's College London, reveals that there are 6 distinct 'types' of COVID-19:

1. 'Flu-like' with no fever: Headache, loss of smell, muscle pains, cough, sore throat, chest pain, no fever.

2. 'Flu-like' with fever: Headache, loss of smell, cough, sore throat, hoarseness, fever, loss of appetite.

3. Gastrointestinal: Headache, loss of smell, loss of appetite, **diarrhea**, sore throat, chest pain, no cough.

4. Severe level 1, fatigue: Headache, loss of smell, cough, fever, hoarseness, chest pain, fatigue.

5. Severe level 2, confusion: Headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain.

6. Severe level 3, abdominal and respiratory: Headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain, shortness of breath, **diarrhea**, abdominal pain." - in "Six distinct 'types' of COVID-19 identified", Kings College London, 17 July 2020.

An Increasing Number of Diarrhea Cases are Reported

"The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) pandemic is a worldwide emergency. **An increasing number of diarrhea cases is reported.**

Clinical studies show an incidence rate of diarrhea ranging from 2% to 50% of cases.

It may precede or trail respiratory symptoms.

Diarrhea is a frequent presenting symptom in patients infected with SARS-CoV-2.

An increasing number of patients present with diarrhea.

Diarrhea is a frequent symptom in coronavirus infections; it was detected in up to 30% of patients with MERS-CoV and 10.6% of patients with SARS-CoV.

In a small case series, data from 5 patients who tested positive for both SARS-CoV-2 and influenza virus were analyzed, reporting diarrhea in 2 cases (40%).

An analysis on the clinical characteristics of 30 medical members (22 doctors and 8 nurses) with COVID-19 showed the presence of diarrhea in 9 of 30 subjects (30%).

Recently, the first study specifically designed to evaluate patients with gastrointestinal symptoms at disease onset was published, 183 patients were included, and diarrhea was detected in 68 cases (37.1%)." - Ferdinando D'Amico, et al., in "Diarrhea During COVID-19 Infection", Clinical Gastroenterology and Hepatology, 2020.

*"The study "Digestive Symptoms in COVID-19 Patients With Mild Disease Severity", Chaoqun Han, et al., June 2020, showed that **23% of patients were admitted with digestive symptoms**, 43% with respiratory symptoms only, and **33% with both respiratory and gastrointestinal (gastro) symptoms**. Among the patients with gastro symptoms, **67% of them had diarrhea**, and **20% experienced diarrhea as the first symptom of their***

***illness**." - in "Diarrhea as a symptom of the Coronavirus (COVID-19)", Canadian Digestive Health Foundation, August 2020.*

*"Observations on the pestilential cholera, (asphyxia pestilenta): as it appeared in the **months of November and December** 1831." - Dr William Francis Ainsworth, MD, 1832.*

Hepatitis "Viruses"

"Viral hepatitis is an inflammation of the liver caused by at least **6 different, mostly unrelated, viruses.**

Hepatitis Viruses:

1. A - HAV,
2. B – HBV
3. C - HBV
4. D - HDV
5. E - HEV
6. G - HGV

It can occur in an acute form from which most patients experience a complete recovery.

Acute viral hepatitis is characterized by an insidious onset, often with F**ever** and **Severe Malaise** and **Loss of Appetite**.

Flu-like symptoms may occur early in the illness.

The characteristic finding that occurs in many cases is the development of jaundice, a dramatic yellow discoloration of the skin and other surfaces." - Baruch S. Blumberg, in "Hepatitis B virus, the vaccine, and the control of primary cancer of the live", 1997.

The History of Cholera in Great Britain

"Although Asiatic cholera did not visit the shores of this island until 1831, it had quite a respectable history long before that date. Macnamara - an authority on the history of cholera in the East - **thought that the disease may have existed in India in 400 B.C., and there are records of outbreaks in the 15 century.**

The devastating epidemic which prevailed in Lower Bengal in 1817 was the occasion of a number of short treatises on the subject by Europeans. Several of these were in the form of Latin theses presented to the Universities of Glasgow and Edinburgh. Cholera reached Europe in 1829, and during 1830 and 1831 it was widespread in the countries of Central Europe. In Great Britain generally much interest was caused, and many fears aroused, by the continued existence in Europe of a disease which had until then been regarded as purely Asiatic.

Preventive measures included the formation of a Central Board of Health with Sir Henry Halford as President, and also of many local Boards of Health in different parts of the country.

About this time nearly all observers were much concerned about the indigenous "cholera" of Britain.

It was known as "cholera nostras" and by various other names, and in certain features it did resemble Asiatic cholera. How were medical men to decide whether the true cholera had arrived, or whether they were still dealing with severe cases of cholera nostras?

Social Results of the Cholera

Like the Black Death, the cholera epidemics in the 19 century in this country, because of the wide dispersion of the infection throughout the land, the suddenness of the outbreak, and the supposed association with housing conditions and filth, had most important social and economic consequences.

It is admitted that the 1832 outbreak was the real spark which lit the tinder of the budding philanthropic movement, culminating in the social reforms and the foundation of the official public health movement 17 years later.

As a stepping-stone to a new age, it is interesting to note that cholera played a direct part in the formation of a great insurance company.

The Rev. James Gillman was the son of James Gillman, the Surgeon of Grove House, Highgate, who was the friend and host of Samuel Taylor Coleridge.

In 1847 Gillman became Vicar of Holy Trinity, Lambeth, and there he passed the period of the second cholera epidemic. It is recorded that for 3 weeks he never returned to his home for fear of carrying the contagion to his family, and during this time he slept on a sofa in the surgery of the parish doctor. His experiences led him to consider the possibility of providing a fund for stricken families on the principle of life insurance.

Gillman worked out his scheme with Henry Harben, who was then the secretary of **a small and struggling insurance company** which was called the **Prudential**.

The new scheme was based on the weekly payment of small sums from 1 penny upwards, and in 1850 Gillman became the Chairman of the new company.

At his death in 1877 the weekly payments amounted to over £2 Million pounds per annum.

To sum up, the early Victorians, already beset as they were by the **problems which followed in the train of industrial expansion, were confronted during the short space of 30 odd years with 4 major epidemics of a new and loathsome disease.**

These epidemics caused the deaths in England and Wales alone of 21,800 persons in 1832 ; 53,292 in 1848-49 ; 20,099 in 1853-54 ; and 14,378 in 1866.

Their success went hand in hand with the **foundation of English public health**, and with the building up of quarantine and other measures." - Dr E. Ashworth Underwood, MD in "Proc. Royal Soc. Med.", March 1948.

Asiatic Cholera is it a Contagious Disease

"Boston City Physician's Office, 27 January 1866.

To the Mayor and Aldermen, Health Commissioners of the City of Boston.

Gentlemen : On the 2nd October, 1865 (City Doc. No. 73), I had the honour to present to your honourable body a communication on the subject of Cholera, in which, when speaking of the contagious and infectious nature of the disease,

I stated as follows, viz:

"The opinion there expressed by Mr. Morris, - the contagiousness of the disease.

From the best evidence, Epidemic or Asiatic Cholera, is neither infectious nor contagious.

The experience of the physicians and attendants at the Cholera Hospital, organized in 1849, on Fort Hill, an experience extending over a period of 4 months and a half, and based upon the treatment of more than 250 patients, fully warrants this belief.

There were about 25 attendants in the Hospital, exclusive of medical officers, at different times, all of whom were more or less constantly in proximity to the subjects and their excretions, and many of them were only for a very few hours at a time out of the ward.

Four physicians and 4 medical students were engaged in the duties of the Hospital, 2 of the latter for a short period only.

Of the others, the students were untiring in their devotion to the sick, often irregular in their meals, and having a much smaller allowance of sleep than nature is supposed to require.

The physicians spent from 6 to 8 hours dally in the house, until about the close of the epidemic, and when the number

of patients was large, were often engaged in the duties properly belonging to nurses.

Of all these attendants, but 2 had the symptoms of the disease, and in one of these they were not all present, and in the other the most marked early symptom (rice-water discharges) **was entirely wanting**.

Two of the attendants had cholera at the time they entered the house, and neither of these had any return of the disease.

The diet of the attendants was not restricted.

Meat, fruit, vegetables, even salad, puddings, etc. were freely partaken of." (City Document No. 66, 1849, Report on the Cholera in Boston)

> *"**This would seem to settle the question of its being propagated from one individual to another, and ought to allay all fear upon this head which may exist in the community.** It is a true epidemic; extending in its course along the great highways of the world; developing itself at the centres of population; seldom spreading into rural or sparsley settled districts, and in its increased and diminished intensity during different periods of the same invasion, **under the control of atmospheric and hygienic influences**.*
> ***Whatever tends to lower the vitality of individuals or communities, to diminish their power to resist disease acts directly to increase the susceptibility to any epidemic, and it follows necessarily, therefore, that the more perfect the sanitary condition of a city or community**, having regard not only to the common nuisances, so called, but also to **the general social condition, the more perfect will be the protection from cholera or any other disease of like epidemic form, and vice versa**."*

The consulting physicians also, in their Report (City Doc. No. 95), under date of November 11,1865, took the same view.

"Under a deep sense of their responsibility in expressing the opinion, ***the consulting physicians unequivocally declare their conviction that the disease is neither contagious nor infectious****; that it cannot be propagated by being near the sick, nor by handling the secretions or excretions from bodies of the sick or of the dead. The disease is epidemic, and cannot be restrained or controlled, in its progress, by quarantines or cordons of any kind.* ***It can be controlled by temperance, chastity, and, above all, by perfect cleanliness, and by these only.*** *The consulting physicians, being of the opinion that neither quarantines by sea, nor sanitary cordons by land, have ever been found, or can be made, effectual in protecting cities or communities from the visitation of cholera." - City Document No. 29, 1848*

Recommend that no such restrictions be made; but, in order to produce tranquillity in the public mind, and from respect to the opinions of those who think differently, they think it might be well that vessels coming from places in which the disease exists should be made subject to the visitation of the Port Physician; but that none of the passengers or crew should be in any way restrained from freely communicating with their friends on shore, or with the city, or from landing at any time with their personal baggage and effects; and no vessel should be detained in quarantine longer than is absolutely necessary to put her in a cleanly condition.

T**he sources of this evidence are the medical journals of this country and Europe, especially the London Medical 'limes and Gazette, and the Archives Generate de Medicine, of Paris**, in which are to be found reports and papers upon this disease and its progress, from the earliest history of the present epidemic; many of them written on the spot where the epidemic was raging, and **accepted by the profession at large as entirely credible authority.**

It is proper to state, here, as preliminary to the introduction of the evidence, and also for the reason that

confusion as to the identity of the diseases sometimes arises from their **similarity to each other** to a certain extent, **that there are 3 diseases**, **all of them characterized by excessive action of the alimentary canal,** and **all of them going by the common name of cholera**.

These are:

1. Cholera Morbus, an English writer proposes to name "Endemic Hepatic Cholera"
2. Asiatic Cholera, or more properly "Epidemic Intestinal Cholera"
3. Septic Cholera

- in "A Communication from the City Physician, Asiatic Cholera is it a Contagious Disease?", City Document, No.21, Boston, 1866.

Thoughts on Cholera Asphyxia

"It may be supposed, by speculative persons, that a physician may be more successful in his treatment of a particular disease, if he would withdraw himself, in proportion as he applies to it, from the study and care of others.

This must be very doubtful in reasoning on subjects of medicine in general; but particularly in diseases, caused or affected by the power of nervous influence, every one is correlative in the same subject; all are sympathetic, as well as primary; and each conduces to explain the indications of others.

In the class of those affections called Asthmatic, more certainly, it is probable, than in others, the relative diseases are all sympathetic, or may be expected to become so; and to know one well, may be justly supposed to lead on to a competent experience in others, dependant on similar causes.

Having passed a considerable period in the practice of medicine, and been particularly called upon, during more

than 30 years of this course, to examine cases of Asthma, or so denominated.

I have found it my duty to give a more close attention to the state of those organs which are known to derive their energy from the 8th pair of nerves, called Sympathetic — from the 6th pair of nerves, and its branches — from the particular influence of the Coeliac Plexus, and the Ganglia, or, as they have been termed, the Little Brains; **a series of nerves of extensive communication and undoubted power of excitement over the muscles associated in combinations of action, and of vital importance to the organs of the chest, and the viscera of the belly**: thus the tendency of my mind was, to think as much of the condition of the stomach and liver, as of that of the lungs; and this tendency became habitual, from my attention to the subject of the Convulsive Asthma; the first object of interest that had occupied my thoughts in this period of my medical pursuits.

I was led to believe, that, through the application of various means, which altered the state of the abdominal viscera, and particularly of the liver, the stomach, and duodenum, the pulmonary system of many patients, however faulty in health it had been previously deemed to be, was restored to healthy action.

Some patients were then said to be cured of Asthma, and others were gratuitously affirmed to be cured of Consumption.

Evidence of this was offered to the public in 1790, and may be seen in my "Practical Inquiry into Disordered Respiration", 1811." - Dr Robert Bree, MD, FRS, Fellow of the Royal College of Physicians, in "Thoughts on Cholera Asphyxia", 1832.

Conclusions on The Nature of Cholera Asphyxia

"In a former number of this Journal, January 1849, we discussed the aetiology of intermittent and remittent fevers, and the following where our conclusions:

l. The lungs and the liver are the great decarbonizing organs of the body; that their function being complementary, the activity of that function is always in an inverse ratio.

2. During winter, the lungs, from the part they perform in the generation of animal heat, are the more active organ. On the other hand, in summer the liver is the more active.

3. Exposure to a low temperature repels the blood from the surface to the internal organs. If this exposure takes place in winter, the lungs being then the active organ, the brunt of the congestion falls on some part of the respiratory apparatus; hence we have catarrh, bronchitis, pleurisy and pneumonia as the prevailing diseases.

4. But if this exposure takes place in summer, the liver being then in a state of stimulation, the force of the congestion falls on it. It becomes deranged, involving all those organs, more or less, whose blood has to pass through the liver to reach the heart. Hence we have bilious affections, as intermittents, remittents, dysentery, diarrhoea and cholera, as the prevailing diseases.

6. The pulmonary diseases of winter and of cold climates, and the hepatic diseases of summer and of warm climates, are both produced by the same agents acting on the system. The different effects being solely owing to the different modifications of the agents, and the different conditions of the system when exposed to their influence; and we might with as much truth say, that malaria was the cause of the one as of the other." - Dr James F. Gayley, MD, "On Cholera Asphyxia", The American Journal of the Medical Sciences, July 1850.

Preliminary Report on the Pathology of Cholera Asiatica (as Observed in Spain, 1885)

"The differences of opinion among pathologists as to the relation of certain micro-organisms,-and more especially of a curved bacillus described by Koch-to Cholera Asiatica, led to our being deputed last summer, by the Association for the Promotion of Research in Medicine, acting in conjunction with the Royal Society and University of Cambridge, to proceed to Spain to make further investigations on the subject.

In Madrid we were able to make autopsies on 25 typical cases of cholera, the post-mortem examinations being made in many of them either immediately after death or within very few hours of it.

Our attention was at first directed chiefly to the relation of the comma bacillus of Koch to Cholera Asiatica.

Early in our inquiries we were struck by the fact that Koch's comma bacillus is not discoverable in the intestinal contents of all cases of cholera.

We employed much time and care in the examination of thin dried films of the mucous flakes and fluid contained in the intestine, these films being stained by methods which we knew to be well fitted to show the comma bacillus if that micro-organism were present.

Such films from 1 or 2 fatal cholera cases showed that the intestinal contents contained enormously larger numbers of comma bacilli than of other parasites.

The experiments of Moreau, who found wellmarked hypersecretion of the mucous membrane of the small intestine, resulting from section of its nerves, seems to us to have a very important bearing on the pathology of the disease in question.

The chemical characters of the fluid so abundantly secreted during the few first hours following section of the nerves of the isolated loop of intestine are, as shown by Kuhne, practically identical with those of the dejecta of cholera cases.

That the hypersecretion from the intestine in cholera, with the more or less complete arrest of the power of absorption by the mucosa, is the cause of the thickening of the blood and the drying of the tissues there can be little doubt.

Everything seems to point towards the assumption that the chief symptoms and signs of cholera, as well as the frequent fatal termination of that disease, is due to the escape of fluid from the vessels into the intestine.

The pathology of cholera is therefore centred in the question as to what is the cause of this intestinal secretion and diminished power of absorption.

We have repeated Moreau's experiments more than once with the view of observing for ourselves how far the fluid contained in the isolated loop of the intestine resembles the intestinal contents of fatal cholera cases.

The results of these experiments are such as to impress us strongly with the conviction that the characters of the paralytic secretion following section of the nerves to the intestine are practically identical with those of the contents of the intestine in cases of cholera.

The pathology of cholera, we are of opinion, can be best explained by some cause acting on the glands or nerves of the intestine, and producing effects similar to those which result from paralysis of the intestinal nerves.

This conclusion makes it probable that the cause of the disease, if discoverable by the microscope, is to be found either in the mucosa itself, in the nerves running in the mesentery, or in the ganglia from which those nerves proceed." - Dr C. S. Roy, FRS, Dr J. Graham Brown, MD, Dr C. S. Sherrington, MB, in "Proceedings of the Royal Society of London", Vol. 41, 1886.

Chloroquine

With this in mind the reader then understand the reasons why the Medical Trade is mounting an attack on Chloroquine and Hydroxychloroquine.

> *"Chloroquine is a medication primarily used to prevent and treat malaria in areas where malaria remains sensitive to its effects. Certain types of malaria, resistant strains, and complicated cases typically require different or additional medication. Chloroquine is also occasionally used for amebiasis that is occurring outside the intestines, rheumatoid arthritis, and lupus erythematosus. While it has not been formally studied in pregnancy, it appears safe. It is also being studied to treat COVID-19 as of 2020. It is taken by mouth." - in Wikipedia.*

The problem for the Medical Trade is that this is a natural product and a monopoly over its source is impossible.

> *"In Peru, the indigenous people extracted the bark of the Cinchona tree (Cinchona officinalis) and used the extract to fight chills and fever in the seventeenth century. In 1633 this herbal medicine was introduced in Europe, where it was given the same use and also began to be used against malaria. The quinoline antimalarial drug quinine was isolated from the extract in 1820, and chloroquine is an analogue of this." - in Wikipedia.*

Hydroxychloroquine

Treatment details: We focus here on the question of whether HCQ is effective or not for COVID-19.

Significant differences exist based on treatment stage, with early treatment showing the greatest effectiveness. 100% of early treatment studies report a positive effect, with an estimated reduction of 63% in the effect measured (death, hospitalization, etc.) in the random effects meta-analysis, RR 0.37 [0.30-0.47]. Many factors are likely to influence the degree of effectiveness, including the dosing regimen, concomitant medications such as zinc or azithromycin, precise treatment delay, the initial viral load of patients, and current patient conditions.

Conclusion: HCQ is an effective treatment for COVID-19. The probability that an ineffective treatment generated results as positive as the 115 studies to date is estimated to be 1 in 20 million (p = 0.000000049)." - in "HCQ is effective for COVID-19 when used early: analysis of 118 studies", The Palmer Foundation, Australia, 23 October 2020.

"Positive Hydroxychloroquine trials and studies continue to pour in from across the world supporting the efficacy of the drug in treating COVID-19

A group of PhD researchers and scientists have done a statistical analysis of all 118 studies from around the globe and have reached some "crushing conclusions".

The analysis shows that 100% of the randomised control trials for early, pre-exposure prophylaxis or post-exposure prophylaxis report positive effects, and the statistical probability of this happening for an ineffective treatment is 0.0002.

The study unequivocally concludes early treatment is most effective with 100% of studies reporting a positive effect and an estimated 63% reduction in the effect measured such as death or hospitalisation." - Rowan Dean, in "Statistical analysis of 118 studies proves 'efficacy' of Hydroxychloroquine", Sky News Australia, 24 October 2020.

Vitamin D Reduces Risk of ICU Admission 97%

"The vitamin D endocrine system may have a variety of actions on cells and tissues involved in COVID-19 progression especially by decreasing the Acute Respiratory Distress Syndrome (ARDS).

Calcifediol can rapidly increase serum 25OHD concentration.

We therefore evaluated the effect of calcifediol treatment, on Intensive Care Unit (ICU) Admission and Mortality rate among Spanish patients hospitalized for COVID-19.

Our pilot study demonstrated that administration of a high dose of Calcifediol or 25-hydroxyvitamin D, a main metabolite of vitamin D endocrine system, significantly reduced the need for ICU treatment of patients requiring hospitalization due to proven COVID-19.

Calcifediol seems to be able to reduce severity of the disease." - in "Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study", The Journal of Steroid Biochemistry and Molecular Biology, October 2020.

> *"In this paper, a multinomial logistic regression was used to predict clinical outcomes of patients infected with COVID-2019 based on 25-hydroxyvitamin D [25(OH)D] levels, the barometer for Vitamin D status. A retrospective multicentre study of 212 cases with laboratory-confirmed infection of SARS-CoV-2 was conducted. Of the 212 cases of COVID-2019, majority had ordinary clinical outcome. Mean serum 25(OH)D level was 23.8 ng/ml. Serum 25(OH)D level was lowest in critical cases, but highest in mild cases. Serum 25(OH)D levels were statistically significant among clinical outcomes. Majority had insufficient Vitamin D status, most of them were not severe. Vitamin D status is significantly associated with clinical outcomes. A multinomial*

logistic regression analysis reported that for each standard deviation increase in serum 25(OH)D, the odds of having a mild clinical outcome rather than a severe outcome were increased approximately 7.94 times (OR=0.126, p<0.001) while interestingly, the odds of having a mild clinical outcome rather than a critical outcome were increased approximately 19.61 times (OR=0.051, p<0.001). The results suggest that an increase in serum 25(OH)D level in the body could either improve clinical outcomes or mitigate worst (severe to critical) outcomes, while a decrease in serum 25(OH)D level in the body could worsen clinical outcomes of COVID-2019 patients." - Dr Mark M. Alipio, MD in "Vitamin D supplementation could possibly improve clinical outcomes of patients infected with Coronavirus-2019", 9 April 2020.

Patterns of COVID-19 Mortality and Vitamin D

"This is a retrospective cohort study which included 2 cohorts (active and expired) of 780 cases with laboratory-confirmed infection of SARS-CoV-2 in Indonesia.

The aim was to determine patterns of mortality and associated factors, with a special focus on Vitamin D status.

Key Findings:

1. Majority of the COVID-19 cases with insufficient and deficient Vitamin D status died.
2. The odds of death was higher in older and male cases with pre-existing condition and below normal Vitamin D levels.
3. When controlling for age, sex, and comorbidity, Vitamin D status is strongly associated with COVID-19 mortality." - RSUD Kabupaten Sukamara, et al., in "Patterns of COVID-19 Mortality and Vitamin D: An Indonesian Study", 26 April 2020.

"All maladies are due to the lack of certain food principles, such as mineral salts or vitamins, or to the absence of the normal defences of the body, such as the natural protective flora. When this occurs, toxic bacteria invade the lower alimentary canal, and the poisons thus generated pollute the bloodstream and gradually deteriorate and destroy every tissue, gland and organ of the body." *- Sir William Arbuthnot Lane, MD in "Pandora's Box, What to Eat and why", 1936.*

The Evils of Quarantine Laws & Non-existence of Pestilential Contagion

The Atrocities of the Cholera Panic

"While Ministers are chiefly directing their attention as to how and by what means they shall retain their places and preserve their power, thousands and tens of thousands of human beings, through their neglect, are hourly, being consigned to premature graves, under circumstances the most horrid and appalling.

Millions upon millions of the human race have already been swept away the victims to a barbarous system of laws, the iniquitous effects of prejudice and ignorance.

Knowledge is power

One of the greatest evils to which the British public are exposed, and which frequently involves the interests of other States, is the manner in which some of the leading journals occasionally take up, or neglect, subjects.

Their zeal often times lead them into great errors on some questions; their inactivity at other times produces mischief.

The greater part of the calamities which befel this Nation, during the cholera panic, in 1832, and which subsequently occurred in many parts of Europe, **originated in the injudicious and rash manner in which some of the daily journals, from day to day, in leading articles or letters from correspondents, circulated the most erroneous of opinions.**

When they saw their error, instead of allowing it to be corrected,they acknowledged their incapacity to discuss the subject, and therefore declared that they **"must leave it in the hands of the Doctors." The Doctors, that is the Board of Health, were as ignorant as themselves upon the question.** Some of the leading journals, like the "Chieftains" of the Royal College of Physicians, having once committed an error, would strenuous adhere to it, although "the whole of the human race should perish."

> *"For months the pestilence raged at Sunderland, Newcastle, and their neighbourhood in England; and in Haddington, Tranent, and Musselburgh, in Scotland, without recourse being had to any measures which deserve mention; but the instant that a few cases appear in the great centre of opulence, all is panic; assessments and additional powers are proposed in Parliament;* ***national grants of money recommended****; and every thing conceded to the terror of the metropolis, and to the apprehension of popular displeasure, which prudence and forethought, and the application of many intelligent members of the profession, and others, as well as extreme suffering and poverty, had long called for in vain." - Edinburgh Surgical and Medical Journal*

Terror and Alarm Created by the Proclamations of The Board of Health

Irivinus relates, and he was a pestilential contagionist, that during the plague of Leipsic, in 1680, fear wrought greater mischief than the true contagion itself.

"He did not know a single instance of sickness occurring from the plague, which did not originate in terror."

Constance and Tamsino, who attended the hospitals during the pestilence which almost depopulated Rome in 1655, declared that "all who were timid were carried off by the distemper." By the terror which it inspired among the ignorant, the impediments which it threw in the way of investigation among the faculty, and the arbitrary power with which it armed Governments, it was a delusion singularly calculated to perpetuate its own existence." - Captain W. White, H.E.I.C., in "The Evils of Quarantine Laws, and Non-existence of Pestilential Contagion", 1837.

"The purpose or my present paper is to insist upon the influence of local causes in the production of that disease of the glands, either of the neck or elsewhere, which goes by the name or scrofula. You will agree with me that scrofula as it now is, is an Opprobrium Medicinae. Modern medicine says that where decay is, there, if possible, must drainage be carried. ***This is as true of the dwelling place of the soul as of the dwelling-place of the body. Internal and external sanitation are one.****" - Dr Clifford Allbutt, MD, in "On the Treatment of Scrofulous Glands", Transactions International Congress of Medicine, 1881.*

The Common Cold

"Respiratory diseases caused nearly one-half of the total number of days lost by men.

There is no medical subject which has greater interest for civilized mankind than that of the "common cold".

The layman uses the term "a cold" to cover a multitude of conditions which even the medical man does not always differentiate; viz, an Acute Coryza; Rhinitis; Pharyngitis; Laryngitis; Bronchitis; Grippe; Influenza and sometimes Tonsillitis.

Statistics show that about 45% of absenteeism in most of our large industries is caused by colds or their sequelae.

The times of the greatest incidence of colds in our industry is on Mondays, days following holidays, and days following banquets or parties where there is an abundance of good things to eat.

Salesmen and others who are on the road a great deal. While travelling have a proneness to over eat, drink, increased mental strain, irregularity of the bowels, lack of proper exercise, and loss of sleep".

Fatigue, no matter how it is acquired, is a very important factor, and the reason for this is the altered metabolism of the blood and tissues which it produces.

What are the symptoms of a common cold?

They vary with the severity of the attack. In a moderately severe one they are Coryza, Nasal and Pharyngeal Irritation, Headache, Muscle-ache, Lassitude, Anorexia, and Malaise.

Inducing Acidosis

I have been able to induce all the symptoms of a cold, in varying degree from a simple coryza to that of la grippe and the "flu", by the induction of an artificial acidosis through the administration of ammonium and calcium chlorides. The degree of severity of the symptoms was in direct ratio to the degree of acidosis induced.

In the severer degree of acidosis, all the classical symptoms of the "flu" were present, even including a low degree of fever.

The symptoms rapidly subsided upon the administration of Sodium Bicarbonate in large doses by mouth and by rectum.

Conclusions

These findings seem to point the way to the conclusion that a cold is a local manifestation of a systemic disturbance;

namely, a disturbance of the alkaline balance or reserve, in other words, a mild acidosis, or perhaps better stated, a lessening of the "buffer" action of the blood plasma through a decrease in its bicarbonate content.

This conclusion is strengthened by treatment in which thorough alkalinization will always abort and cure a cold-a radical statement but nevertheless true, provided the treatment is thorough." - Dr Volney S. Cheney, MD, in "The Common Cold Etiology, Prevention and Treatment", American Journal of Public Health and the Nations Health, January 1928.

Nobel Laureate Michael Levitt Denounces WHO, Scientific Colleagues, Facebook Censorship and Politicians

"All countries who are against Sweden, show that they have lockdown for no reason what so ever. Sweden where very clever.

I'm against stupid lockdowns without considering the full picture. Not just combating a virus that is exactly as the flu. But also avoiding the economic damage, that every country has caused itself, except Sweden.

There have been smart people in Sweden, and that's about it. The level of stupidity that is going on here, has been amazing, and it just required a little bit of discussion of smart people.

Scientist are getting away scot-free for causing Billions of Dollars worth of damage.

It is not just the world Health Organization, Ferguson wanted Sweden to lockdown, got Britain to lockdown.

And when the numbers become normal, exactly what you would expect without lockdown. He then says, it is because of lockdown. This is terrible science.

This is science which should go on trial.

Scientists cannot cause damage, like this. And the fact is,

that epidemiology and modelling, has been a disgrace.

They have been wrong at every turn.

We are going to see that the net impact of death is going to be similar to flu. And it is going to be that way without lockdown." - Michael Levitt, Nobel Prize in Chemistry 2013, in "Corona, The Role of Science in Times of Crisis", 8 July 2020.

Medical Fraud

"While I feel complimented that during the 21 years of the News coming of age, it has been converted to my way of thinking in various matters, so I still am not without hope that it will come to my way of thinking, that, "medical science" is a fraud upon the people, robbing them of health, life and money.

The very "scientific" name "diphtheria", "tonsilitis", is used by the fraudulent profession to lead the people to think that there is such a difference of treatment necessary in each case, that only the doctor can tell the difference; so, it is unsafe to attempt to treat a sore throat without consulting him.

It is a lie, used by the leading physicians, the world over, to blind the people, as to their own ability to cure that sore throat, by simple means; as I have mentioned.

There would not be one death from this simple sore throat, would the people scorn those frauds pretensions, and study the nature of such diseases, as well as of other diseases from which there is so much suffering and death, and then apply the simple remedies; and, which are all that is necessary to remove them - to insure health, and consequently, save life." - in "Supplement to A. S. Kingsley's Medical Science Frauds", 1891.

"The standard advice to lose weight of eat less, move more is 'Complete and total rubbish, unscientific nonsense, corrupt. Let's call it out for what it is." - Dr Aseem Malhotra, MD, Cardiologist, 30 October 2020.

Flu death figures more PR than Science

"US Data on Influenza Deaths are a Mess. The Centers for Disease Control and Prevention (CDC) acknowledges a difference between flu death and flu associated death yet uses the terms interchangeably.

Additionally, there are significant statistical incompatibilities between official estimates and national vital statistics data.

Compounding these problems is a marketing of fear - a CDC communications strategy in which medical experts "predict dire outcomes" during flu seasons.

The CDC website states what has become commonly accepted and widely reported in the lay and scientific press: annually "about 36,000 [Americans] die from flu" and "influenza/pneumonia" is the 7th leading cause of death in the US. But why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterising them as a single cause of death?

David Rosenthal, director of Harvard University Health Services, said, "People don't necessarily die, per se, of the [flu] virus—the viraemia. What they die of is a secondary pneumonia. So many of these pneumonias are not viral pneumonias but secondary [pneumonias]." - Peter Doshi, in "Are US Flu death figures more PR than Science?", British Medical Journal, 10 December 2005.

Statement of the World Health Organization on Allegations of Conflict of Interest and "Fake" Pandemic

"Providing independent advice to Member States is a very important function of the World Health Organization (WHO).

We take this work seriously and guard against the influence of any improper interests.

The WHO influenza pandemic policies and response have not been improperly influenced by the pharmaceutical industry." - WHO in "Statement of the World Health Organization on allegations of conflict of interest and 'fake' pandemic", 22 January 2010.

Statement by Dr. Wolfgang Wodarg, Medical Expert Specialising in Epidemiology, former Chair of the Sub-committee on Health of the Parliamentary Assembly

"I would like to give you a brief status report of what has occurred over the past years and what the situation is today.

We see that the population is exposed to a mild flu.

People fall ill as they usually do in winter season.

Some have even respiratory symptoms.

But the extent of all this is considerably less than in most of the previous years.

Before this development and these subjective experiences within the population, we saw that last April there were very intense reports about a flu spreading in Mexico City and its region, a region with about 20 Million inhabitants, i.e. a very densely populated area.

Given the fact that the influenza is always a very contagious disease which spreads very rapidly and leads to

a great number of cases, it was surprising to see the extent to which attention was focussed on that flu after the reporting of only hundreds of cases.

After a mere 1,000 of cases, the word "pandemic" already began to be used by scientists collaborating with the administrations in charge.

In regard to this, I have to recall, that there were doubts already about WHO's alarm on the avian flu in 2005/2006, a bird disease which in fact has never been transmitted between humans.

This made me quite sceptical at the time.

Since then I observed, how pandemic plans were developed in many countries and how "pandemic preparedness" was formulated and inaugurated.

As a consequence of this avian flu hype many contracts between national states and pharmaceutical manufacturers were signed so as to ensure the availability of relevant vaccines in case of a real future pandemic.

The pharmaceutical companies then started to establish a second line of flu vaccines for pandemic use.

They developed their new vaccines by using specific patented adjuvants or breeding layers for the virus antigen to come." - in "Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe Hearing on "The handling of the H1N1 pandemic: more transparency needed?", Strasbourg, 26 January 2010.

Why The WHO Faked A Pandemic

"The World Health Organization has suddenly gone from crying "The sky is falling!" like a cackling Chicken Little to squealing like a stuck pig.

The reason: charges that the agency deliberately fomented swine flu hysteria.

A WHO spokesman declined to specify who or what gave this "description", but the primary accuser is hard to ignore.

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating

the WHO's motives in declaring a pandemic.

Indeed, the chairman of its influential Health Committee, Epidemiologist Wolfgang Wodarg, **has declared that the "false pandemic" is "one of the greatest medicine scandals of the century."**

Within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has essentially labeled the pandemic a hoax.

> ***"We are witnessing a gigantic misallocation of resources ($18 Billion) in terms of public health"***

He said." - Michael Fumento, in "Why The WHO Faked A Pandemic", Forbes, 5 February 2010.

The SARS Outbreak of 2003 Farce

> ***"The World Health Organization has warned that the death rate may rise to 10% or above."*** *- in "WHO warns that death rate from SARS could reach 10%", British Medical Journal, page 999, 10 May 2003.*

> *"According to the World Health Organization (WHO), a total of 8,098 people worldwide became sick with SARS during the 2003 outbreak.* ***Of these, 774 died."*** *- in "Fact Sheet: Basic Information about SARS", CDC, 13 January 2004.*

Definition Updated One Month Before The 2009 Pandemic

"You can have a pandemic without a large number of deaths.

> *"The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is." - David Ozonoff*

Until 4 May 2009, the WHO definition on its Web site: A pandemic flu causes "enormous numbers of deaths and illness."

After a CNN reporter pointed this out, WHO spokeswoman Natalie Boudou called back to say the definition was in error and had been pulled from the WHO Web site.

> *"It was a mistake, and we apologize for the confusion, was put up a while ago and paints a rather bleak picture and could be very scary."*

The correct definition is that: "**pandemic" indicates outbreaks in at least 2 of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths."** - in "When a pandemic isn't a pandemic", CNN, 4 May 2009.

One Month After

One month after, on the 11 June 2009, the World Health Organization (WHO) officially declared that a so-called 2009 H1N1 virus had reached pandemic status. By issuing a statement to the press by its Director-General Dr Margaret Chan, that the "World now at the start of 2009 influenza pandemic".

The Lack of Honesty in Academia

*"After the SARS outbreak, the **World Health Organization reported 8,098 cases and 774 deaths—a mortality rate of nearly 10%.**" - in "Promising path found for COVID-19 therapeutics", University of Georgia, 11 June 2020.*

The Pandemic of Fake Science

90% of Studies are False

"Previous reports have suggested that close to 90% of cancer biology publications are irreproducible.

Reproducibility is nevertheless the central tenet of cancer biology, which assumes convergent pathways with relatively well-defined genetic changes.

Thus, in basic research, genetic changes are identified and therapies are then developed to target these changes.

The continual evolution of the underlying genetic architecture means that mutations are 'moving targets', both between and within individuals.

Target–Gene Therapy Operates Against Evolutionary Rules

From this perspective, target–gene therapy operates against evolutionary rules." - in "On the Low Reproducibility of Cancer Studies", National Science Review, 2 February 2018.

*"**More than 70% of researchers have tried and failed to reproduce another scientist's experiments**, and more than half have failed to reproduce their own experiments. Those are some of the telling figures that emerged from Nature's survey of 1,576 researchers who took a brief online questionnaire on reproducibility in research." - in "1,500 Scientists Lift the Lid on Reproducibility", Nature, 25 May 2016.*

"As we report in a News story this week, a systematic effort to check some of these findings by repeating an initial 5 published cancer studies has reported that **none could be completely reproduced.**

The outbreaks are expensive, too: **in 2011, it cost public-health institutions up to US$ 5.3 Million to cope with 16 measles outbreaks that made 107 people ill.**" - in "Replication studies offer much more than technical details", pages 259-260, Nature, 19 January 2017.

The Vanishing Virus

"Severe Acute Respiratory Syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

SARS was first reported in Asia in February 2003.

Since 2004, there have not been any known cases of SARS reported anywhere in the world." - in "National Center for Immunization and Respiratory Diseases", Division of Viral Diseases, CDC, 6 December 2017.

"**SARS originated in China in 2002.**

The SARS infection quickly spread from China to other Asian countries.

The SARS pandemic was eventually brought under control in July 2003.

It's thought that a strain of the coronavirus usually only found in small mammals mutated, enabling it to infect humans.

Viral mutations: **Like all living things**, viruses are constantly changing and evolving.

Many global outbreaks of infectious illnesses (pandemics) that have happened in recent history are thought to have been caused by viruses previously only found in animals.

Since 2004, there have not been any known cases of SARS reported anywhere in the world." - in NHS, 24 October 2019.

Here I would like to call the attention to 4 points:

1. Did the virus appear in 2002 or in 2003?

It depends who you ask, the CDC or the NHS.

2."Like all living things."

Viruses are not alive, therefore they are not living things.

3. "Many global outbreaks of infectious illnesses (pandemics) that have happened in recent history."

The "many" have been none, or should we say 0 (zero).

What we have seen has been Fraud committed by the Medical Trade and affiliated institutions, along side many misguided or corrupt individuals who are either uneducated or lack a moral compass.

4. Since 2004, there have not been any known cases of SARS reported anywhere in the world.

If this is a well-known vanishing "virus" (SARS-CoV) Coronavirus, why is there plans to introduce compulsory vaccination for every single year?

*"**Covid-19 has unleashed state corruption on a grand scale. Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency.**" - in "Covid-19: Politicisation, "Corruption," and Suppression of Science", BMJ, 13 November 2020.*

*"**Sir John Bell holds more than £773,000 of shares in pharma company Roche.** The company sold million of 'pointless' antibody screening kits to the UK.*
***Bell is a top Government adviser on Covid and professor at Oxford University.** In May, the Government agreed to buy £13.5 million of Roche's antibody tests." - in "**Government test tsar has £770,000 shares in drugs firm that sold us £13 Million of "pointless" antibody screening kits** - after it emerged that **Sir Patrick Vallance has a financial interest in company racing to find vaccine**", The Daily Mail, 26 September 2020.*

The Farce of the Swine Flu Pandemic 2009

"A brief reminder of the nowadays forgotten 2009 Swine Flu Pandemic will be very helpful for the assessment of the triggered and maintained corona crisis.

Back then, most of the German population was eager to get vaccinated against the supposed virus causing the swine flu.

The nationwide mass vaccination project had to be postponed due to the late delivery of the vaccines.

Apparently, the vaccines could not be pre-filled in syringes as the adjuvants, that were being used for the first time, would have damaged the vaccine fluid.

The proposed solution was to store the vaccine without the adjuvants in vials containing 10 doses and mix both

shortly before the vaccination.

A scandal was lurking around the corner.

It was eventually made public that the adjuvants, without which the vaccine has no effect whatsoever, had never been tested and to make things worse, that they were made out of nanoparticles.

Nanoparticles are known to be very reactive due to their tiny size and they are widely used as catalysators in chemical reactions.

Not to mention the fact that the human organism is not able to metabolize or to eliminate these nanoparticles easily.

The story reached its climax as soon as the information spread among the public opinion that the chancellor Angela Merkel and the German army would get the same vaccine but without the adjuvants, while the police and the general population would be vaccinated with the vaccine containing nanoparticles that the human body cannot metabolize and eliminate.

The swine flu pandemic was not planned well enough to ensure massive vaccinations, but this did not prevent all involved epidemiologists, infectiologists and virologists to draw the necessary conclusions.

They analyzed the causes and published their conclusions and recommendations for the future in the edition No. 12, dated December 2010, of the German Federal Health Bulletin under the meaningful title "Pandemics, Lessons Learned".

Which basically means: The lessons that we learned from the swine flu H1N1 failure!" - Dr. Stefan Lanka, Biologist, in "The Virus Misconception" Part II, WissenschafftPlus Magazin, Auszug, 02/2020.

The Farce of the Swine Flu Pandemic 1976

"**In 1976, officials responded with vaccination that killed more people than the flu.**

While others later suffered from Guillain-Barre syndrome, which damages nerves and can lead to paralysis." - in "Ex-CDC head recalls 76 swine flu outbreak", CNN, 2009.

"**The vaccine was linked with the Guillain-Barré Syndrome - an often paralyzing and sometimes killing side effect.**

First, how shall top lay officials, who are not themselves expert, deal with fundamental policy questions that are based, in part, on highly technical and complex expert knowledge - especially when that knowledge is speculative, or hotly debated, or when "the facts" are so uncertain?

When such questions arise, with how much deference and how much skepticism should those whose business is doing things and making policy view those whose business is knowing things—the scientists and the experts?

The National Influenza Immunization Program, the official title for this venture, was unprecedented in intended timing and in scope among American immunization efforts.

It aimed at inoculating everyone before December 1976 against a new flu strain that might conceivably become as big a killer as the flu of 1918, the worst ever.

The program was funded by Congress through a $135 Million appropriation, and it was later buttressed by special legislation in the field of liability.

It was conducted through state health departments, with technical assistance from health agencies in HEW.

Inoculations started late, October 1, 1976. They had been slowed somewhat by difficulties in deciding children's dosages and seriously stalled by liability issues.

On December 16, the program was suspended to assess statistical evidence of a serious side-effect.

Mass immunization never started up again.

As a full-scale operation, the program's life was thus not 12 months but 2 and a half.

The killer never came. The fact that it was feared is one of many things to show how little experts understand the flu, and thus how shaky are the health initiatives launched in its name.

Decision-making for the swine flu program had 7 leading features.

To simplify somewhat, they are:

1. Overconfidence by specialists in theories spun from meagre evidence.

2. Conviction fuelled by a conjunction of some pre-existing personal agendas.

3. Zeal by health professionals to make their lay superiors do right.

4. Premature commitment to deciding more than had to be decided.

5. Failure to address uncertainties in such a way as to prepare for reconsideration.

6. Insufficient questioning of scientific logic and of implementation prospects.

7. Insensitivity to media relations and the long-term credibility of institutions.

In the year of its formal existence from March to March, the swine flu program chalked up numbers of accomplishments which give it weight historically. In these terms it may go down as a qualified success.

More than 40 million civilians were inoculated, twice the number ever reached before in one flu season.

A notable surveillance system was developed, better than anything before." - in "The Swine Flu Affair", 1978.

The CDC Identifies The Virus as Swine Flu

"**The program to immunize 210 million Americans against swine flu failed.**

It set back the Federal government's relations with state **Health Agencies, Private Physicians, Pharmaceutical Manufacturers, and the Insurance Industry.**

It increased mistrust of immunization programs and of government health programs in general.

The swine flu immunization program is over. There was no epidemic and as of 5 July 1977, the US Center for Disease Control (CDC) reported that about 45 million people had been vaccinated against swine influenza. The Center had originally hoped to immunize 210 million.

February 14, 1976: **The CDC identifies the Virus as Swine Flu.**

March 10, 1976: The CDC's Advisory Committee on Immunization Practices agrees that a **vaccine should be produced and a plan developed to administer it.**

March 26, 1976: Ford sends to Congress the Administration's **request for $135 million in supplemental appropriations for a national swine flu immunization program.**

April 5, 1976: **The bill to amend the Public Health Service Act to authorize and regulate the influenza immunization program** is introduced in the House.

It passes by voice vote.

There were only 3 laboratory isolations of the virus.

Because the program seemed unnecessary, it may be more difficult to convince people of the danger of the next incipient epidemic: **the swine flu program attracted such wide press coverage that the public health establishment was made to look overly alarmist.**

The swine flu program was once widely seen and now is overwhelmingly recalled as a "fiasco," a "disaster," or a "tragedy."" - in "The Failure of the 1976 Swine Influenza Immunization Program", Sharon L. Begley, Science Newsweek, 5 August 1977.

"With fears of swine flu engulfing the nation in 1976, Janet Kinney got vaccinated to make sure she would be able to take care of her children. Instead, her children ended up taking care of her." *- in "1976 Offers Some Lessons, and Concerns, Today", The New York Times, 8 May 2009.*

Mouth-to-Mouth Resuscitation Swine Flu Showed No Signs of Illness

"This virus was the cause of a pandemic in 1918 and 1919 that resulted in over half a million deaths in the united states as well as 20 million deaths around the world." - Gerald Ford, President of the USA, televised address to the nation on the Swine Flu, 1976.

"The US government's publicity machine was cranked into action to urge all America to protect itself against the swine flu menace.

"Influenza is serious business during major flu epidemics millions of people are sick and thousands die this year you can get protection the vaccines are safe easy to take and they can protect you against flu so roll up your sleeve protect yourself." - USA Advert Flu "Roll up your sleeve, America", US Government TV Commercial Advert, 1976.

"Why did this so-called deadly variety of flu where did it first hit back in 1976? It began right here at Fort Dix, New Jersey in January of that year, when a number of recruits began to **complain of respiratory ailments something like the common cold** an army doctor here sent samples of their throat cultures to the New Jersey Public Health laboratory to find out just what kind of bug was.

Four others who were sick, so **they sent those cultures to**

the CDC, a few days later they got the verdict Swine Flu.

One of those samples was from a private David Lewis, who had left his sick bed to go on a forced march.

Private Lewis had collapsed on that march and his sergeant had revived him by mouth-to-mouth resuscitation but the sergeant showed no signs of illness.

A few days later private lewis died.

But that much publicized outbreak of swine flu at Fort Dix involved only private Lewis who died, and those 4 other soldiers who recovered completely without the swine flu shot." - Mike Wallace in "60 Minutes: Swine Flu", 1976.

Tests Leads to Epidemic That Wasn't

"When hundreds, or thousands of people are tested, false positives can make it seem like there is an epidemic.

"You're in a little bit of no man's land", with the new molecular tests, said Dr Mark Perkins, an infectious disease specialist and **chief scientific officer at the Foundation for Innovative New Diagnostics, a nonprofit foundation supported by the Bill and Melinda Gates Foundation.**

Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson:

"The big message is that every lab is vulnerable to having false positives. No single test result is absolute and that is even more important with a test result based on P.C.R."- in "Faith in Quick Test Leads to Epidemic That Wasn't", New York Times, 22 January 2007.

Arguments will seldom change the aspects or the views of any. And truth itself needs no champion, for it is of itself champion of champions and needs no defence.

The Effects of Diphtheria Toxin on the Heart

"The results of Roily's investigations are interesting from the light they shed on the causes of the cardiac symptoms which develop after infectious diseases, and on the locality in which the effect of the toxins is most felt.

He sums up his conclusions as follows:

1. In diphtheria poisoning paralysis of the heart immediately follows the fall of blood pressure caused by paralysis of the vasomotor centre, and, in spite of artificial respiration, soon leads to death.
2. This effect of the poison on the heart is a direct one, and appears independent of the central nervous system in the isolated hearts of warm-blooded animals.
3. The cardiac paralysis develops after a long latent period, at a definite time after the poison is administered. Even the direct injection of diphtheria poison, or the transfusion of diphtheritic blood taken just before death, never immediately affects the normal isolated rabbit's heart. A longer or shorter latent period is always necessary.
4. On the other hand, the heart isolated after being poisoned by the diphtheria toxins stops at the expected time, whether it is washed out with normal blood after the beginning of the first symptoms of intoxication or before them.
5. It follows that there must be a gradual accumulation and fixation of the poison in the heart, and explains why functional heart disturbances can appear after the acute infection has run its course." - in "The Boston Medical and Surgical Journal", 8 March 1900.

Influenza and the Heart

"In the Hunterian Lecture (lancet, 21 October), Sansom discourses on the effects of influenza upon the heart and circulation. After some general considerations on the character of the infection as a whole, and the likelihood of certain forms of it being mistaken for rheumatism, he gives a descriptive resume of cases coming under his own observation when the heart was especially implicated, reverting for statistical details to a former report by himself of 100 cases. Of these 100, there was tachycardia in 37; bradycardia in 5; irregularity in 25; pain at the heart in 23, and organic disease in 5.

He notes that whereas in the cases of tachycardia and irregularity the subjective symptoms were lacking or of slight importance, in several of the cases of bradycardia there was great distress, severe pain, or symptoms of syncope, making prognosis in this affection much less favourable than in the other two.

In most respects, however, these manifestations of functional irregularity of the heart's action, due probably to effect of toxins on the nervous system, do not differ from similar phenomena in other conditions." - in "The Boston Medical and Surgical Journal", 8 March 1900.

Scarlatina and Its Treatment

"Scarlatina is the effect of a certain mortific poison received into the blood, which has produced an infectious and contagious disease, and the scarlet rash is a means of elimination which nature adopts to rid the system of a noxious agent.

One of the generally received doctrines of physiology teaches, that when a poison has entered the circulation, a specific effect follows, and that a certain distinct process is required for its excretion. The specific effect of poisons is very evident.

Lead always produces muscular paralysis, mercury

ptyalism (excessive saliva), the poison of measles never fails to produce measles, and the imbibition of the poison of scarlatina is always followed by scarlatina.

That a distinct process is required for the elimination of a poison is equally manifest. We see the selective affinity which the poison of typhoid fever has for the solitary and aggregate glands of Peyer. The skin, the conjunctiva!

And bronchial mucous membranes, are the chosen Emunctories for the poison of measles, the poison of scarlatina is eliminated by the skin, the tonsils, the pharyngeal mucous membrane, and the kidneys.

Much misconception has arisen from the use of a number of terms relating to one disease, such as scarlatina simplex, scarlatina anginosa, scarlatina maligna, and scarlatina latens.

These variations of degree, not of kind, confound the student and impede a clear knowledge of the pathology of an important disease.

All these various effects may, doubtless, be traced to the intensity of the poison, the condition of the patient at the time of infection, and the hygienic means made use of to facilitate the excretion of the materies morbi.

The treatment of scarlatina, therefore, resolves itself into a problem.

Given a patient infected with a certain poison, it is required to promote the elimination of that poison "tuto, cito, et jucunde", (swiftly, safely, and sweetly).

There is no antidote for the poison of scarlatina; nor can the disease be cut short.

In a large proportion of the cases, which come under the notice of the practitioner, little or no medicine is required.

How conducive to the advancement of medical science would be the adoption of a rational mode of treatment!

How injurious to the scientific character of the medical practitioner is the use and laudation of specific remedies!"
- Dr T. E. Ruttledge, MD in "The British Medical Journal, 26 February 1859.

The Present Treatment of Disease

"Medicine is in its very essence a science of progress; discoveries in closely allied branches of scientific inquiry have had more or less marked influence on the Medical Art; and hence have resulted changes, both in theory and practice, too numerous to classify or even refer to.

The "ars mirabilis" has been reproached with this attribute as though it were a material infirmity, and in most respects with but insufficient reason.

The very conditions of an exact science are wanting; the postulates and definitions are not clearly laid down; and, though the field of inquiry be boundless, and its interest inexhaustible, **the landmarks even are undetermined.**

It is true, that the art and science of medicine is dependent on facts; **but these facts are not only few in number, and widely scattered over an extensive area of observation, but they present also only very slender links of connexion between themselves.**

The observer is naturally impatient of results, **draws his deductions from materials imperfectly arranged, vitiated, it may even be, by faulty lines of research, and thus forms structures of theory, brilliant in seeming, lasting for some short time, yet lacking a definite or reliable basis."** - Dr William Newman, MD in "The Present Treatment of Disease", The British Medical Journal, 25 April 1863.

Chapter 15

Untrustworthy

> ***"There seems to be a view that doctors over-medicate, so it is difficult to trust them, and that clinical scientists are all beset by conflicts of interest from industry funding and are therefore untrustworthy too."*** *- Dame Sally Davies, chief medical officer for England, called for an independent review of the safety and efficacy of medicines, in letter to the Academy of Medical Sciences, February 2015.*

"**Dame Sally Claire Davies**, FRS, FMedSci, physician and academic administrator. She was **Chief Medical Officer for England**, and the **Chief Scientific Adviser at the Department of Health.**

Other activities

- Clinton Health Access Initiative, Member of the Board of Directors.

- Gates Cambridge Trust, Member of the Board of Trustees.

Awards and honours

In February 2013, Davies ranked the 6th most powerful woman in the United Kingdom by the BBC Radio 4 programme Woman's Hour, while in 2015 the Health Service Journal ranked her as the most influential woman in the English NHS and 14th most influential person." - in "Wikipedia".

The Medical Trade No Longer Knows What It Is For

"Medicine no longer knows what it is for.

It has been estimated that as much as 85% of Medical Research is useless. This global waste amounts to about €200 Billion Annually.

Medicine has lost its way. Human life and death became medicalised, and a huge medical-industrial complex emerged. Despite its global dominance, this medical-industrial complex has given us meagre, feeble comforts at vast expense.

If Big Pharma is paying for the evidence, it is hardly surprising if the evidence it produces shows its product in the best possible light.

'Polypharmacy' is now a major public health issue: the direct cause of major side effects, increased mortality, and a huge waste of money. A drug given for high blood pressure may cause ankle swelling due to fluid retention, leading to another prescription for a diuretic, which may cause potassium depletion, leading to a prescription for potassium tablets, which may cause nausea, leading to a prescription for anti-nausea drugs." - Prof Seamus O'Mahony, quoted in **"Can Medicine Be Cured? Cork University Hospital consultant on the corruption of a profession"**, Irish Examiner, 3 April 2019.

> ***"Every new 'advance' in medicine is a genie that cannot be put back in the bottle. Big Science isn't going to suddenly become thoughtful, scholarly Little Science. Pharma isn't going to develop a social conscience in late middle age. The medical misinformation mess is now a foetid swamp that may never be drained."*** *- Professor Dr Seamus O'Mahony, MD in "Can Medicine Be Cured?: The Corruption of a Profession", 2019.*

Treating Stroke

Does a leading Stroke Treatment cause more harm than good?

"You are in a situation of playing God, where you are killing some patients in order for the other patients to survive. *Now if the positive benefit is large, you say that is fine and therefore the weight is put on how independent people are later.* ***My worry is that the trials are not consistent, that the evidence is strong enough to be giving after all a very expensive treatment and so we as a society have to think to ourselves, do we want to recommend a treatment with a marginal effect when we know we are, if you like, killing a few patients and saving others."*** *- Sir Richard Thompson, MD in "Treating Stroke: The Doctors Dilemma", BBC Radio 4, 16 Jun 2015.*

"They are conflicted because they or their departments have been in receipt of funds from the manufacturer or marketing authority for the product. And it's very difficult if you are receiving money from one source to be overcritical of their product." *- Dr Roger Shinton, MD in "Treating Stroke: The Doctors Dilemma", BBC Radio 4, 16 Jun 2015.*

"Clearly the fact of this investigation is an acknowledgement that the system is broke." *- Adam Brimelow, BBC Health correspondent examines the research behind the use of clot-busting drug Alteplase, in "Treating Stroke: The Doctors Dilemma", BBC Radio 4, 16 Jun 2015.*

"Manufacturers overall did a poor job collecting basic patient and event data regardless of the severity of the event, [24,939 (28.5%) of the manufacturers 87,572 reports on patient deaths], had no useful information about the cause of death or possible drug role. It seems clear that this drug safety monitoring system, it suffers from a flood of low quality reports from drug manufacturers." *- Researchers from the Institute for Safe Medication Practices, in "ISMP: A critique of a key drug safety reporting system", Quarter Watch, 28 January 2015.*

"Depending on the patient outcome, many doctors carry the distress of medical errors for months, years, even a lifetime. Some may even develop Post-traumatic stress disorder." - Dr Pamela Wible, MD, in "What not to do after a medical mistake", 10 November 2020.

Overdiagnosis

"It has become evident that the word "cancer" encompasses cellular abnormalities with widely variable natural courses: Some grow extremely rapidly, others do so more slowly, **others stop growing completely, and some even regress. Continued adherence to the dictionary definition of cancer, however, can lead to harm - including overuse of anticancer therapies.**

Overdiagnosis contributes to the problem of escalating health-care costs. Although such patients cannot benefit from unnecessary treatment, they can be harmed.

Rising rates of diagnosis have occurred for both prostate and breast cancers. In both types of cancer, however, the story is more complex because the death rates for each are falling. In the past 15 years, prostate cancer mortality has fallen by about 1/ 3 and breast cancer mortality by about 1/4.

In both diseases, the combination of the data from randomized trials and from the population leaves little

doubt that overdiagnosis is occurring. Thus, in these 2 diseases, we are left with the possibility that overdiagnosis because of early detection coexists with a mortality benefit from early detection." - Dr H. Gilbert Welch, MD, Dr William C. Black, MD, in "Overdiagnosis in Cancer", Journal of the National Cancer Institute, 5 May 2010.

> ***"Some of the drugs used against drug-resistant Tuberculosis can cause permanent deafness, liver damage, kidney failure, psychosis, nausea and other unpleasant complications. It can cost up to $430,000 to treat someone for XDR TB,*** *and $17,000 for normal TB case." - in "Extreme TB Patient Faces Months of Grueling Treatment", NBC News, 9 June 2015.*

Major Trial Ovarian Cancer Has Failed to Save Lives After 20 Years of Work

"Researchers, at University College London, said the results were a disappointment, 200,000 people participated. And 2 out of every 3 patients die within a decade of diagnosis." - in "Ovarian cancer: Setback as major screening trial fails to save lives", BBC News, 13 May 2021.

> ***"Given that screening did not significantly reduce ovarian and tubal cancer deaths, general population screening cannot be recommended."*** *- in "Ovarian cancer population screening and mortality after long-term follow-up in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): a randomised controlled trial", The Lancet, 12 May 2021.*

Medical Trade 22185
"Rare Diseases"

"What Causes Rare Diseases?

There are many different causes of rare diseases. **The majority are thought to be genetic, directly caused by changes in genes or chromosomes. In other cases, they occur randomly in a person who is the first in a family to be diagnosed. While researchers are learning more each year, the exact cause of many rare diseases is still unknown.**

What is being done to develop treatments for rare diseases?

Researchers have made progress in learning how to diagnose, treat, and even prevent a variety of rare diseases. **However, there is still much to do because most rare diseases have no treatments.**

The National Institutes of Health (NIH) supports research to improve the health of people with rare diseases. Many of the 27 Institutes and Centers at the NIH fund medical research for rare diseases. One of these Centers, the National Center for Advancing Translational Sciences (NCATS), **focuses on getting new cures and treatments to all patients more quickly.** NCATS supports research through collaborative projects to study common themes and causes of related diseases. The NCATS Office of Rare Diseases Research (ORDR) guides and coordinates NIH-wide activities involving research for rare diseases.

Some of the NCATS programs for rare diseases include:

1. Rare Diseases Clinical Research Network (RDCRN)
2. Therapeutics for Rare and Neglected Diseases (TRND)
3. Rare Diseases Registry Program (RaDaR)
4. Genetic and Rare Diseases Information Center (GARD)

- in "Genetic and Rare Diseases Information Center", GARD, NIH, March 2021.

"The EU has supported the field extensively through its research and innovation framework programmes, with more than ***€1.8 Billion made available over the past 14 years*** *under the Seventh Framework Programme (FP7) and Horizon 2020, to more than 320 projects on interdisciplinary research in the area of rare diseases." - in "EU research on rare diseases", March 2021.*

"A rare disease is defined as a condition which affects less than 1 in 2,000 people. It is currently estimated that there are over 7,000 rare diseases, with new conditions continually being identified as research advances. **While 80% of rare diseases have an identified genetic origin.**

One of the most significant developments has been the revolution brought about by advances in genomics.

Through the delivery of the ground-breaking 100,000 Genomes Project, the UK has been at the forefront of harnessing the potential of cutting-edge genomic science for rare disease patients, particularly when it comes to diagnosis.

The 100,000 Genomes Project **has helped 1 in 4 patients with an undiagnosed rare diseases receive a diagnosis for the first time.**

Pioneering work in genomics is already being integrated into frontline healthcare with the announcement of the NHS Genomic Medicine Service (GMS) in partnership with Genomics England, the Precision Medicine Scotland Innovation Centre and NHS Scotland Laboratory Services Genetics Consortium in Scotland, Genomics Partnership Wales and the development of genomic medicine services in Northern Ireland supported by the GenOCEANIC (Genomics Open Core Engine for Accelerating Northern Ireland Care) IT project.

On 26 September 2020, the government published Genome UK: the future of healthcare, a landmark publication setting out how the genomics community will

come together to harness the latest advances in genetic and genomic science, research, and technology for the benefit of patients.

This includes the aim to analyse 5 million genomes, including sequencing of 1 million whole genomes from **the NHS and UK Biobank, making the NHS the first national healthcare system in the world to offer whole genome sequencing as part of routine care."** - in "The UK Rare Diseases Framework", Gov.uk, 9 January 2021.

Diseases are born, develop and kill, in the shadow of the ignorance.

Following the Science

"Following the science is never neutral. It is always shaped by the connections that decide what counts as "science" and the social networks that join scientists, journalists and politicians to favour some views over others." *- Professor Robert Dingwall, Nottingham Trent University, in "Climate of 'fear' prevents experts from questioning the handling of the pandemic", Express, 28 March 2021.*

Where is Science Going

"The current use of science as an argument for political purposes reveals an old bias: the idea that science is about truth and therefore is potentially authoritarian. In reality, science is about doubt. The public management of the COVID pandemic should make us reflect about several aspects of our society. The political management of the COVID-19 pandemic has showed worrysome biosecurity issues, which are linked to the very nature of science as a self-declared, undeniable 'truth'. Giorgio Agamben highlighted **the risks linked to the emergence of the concept of "biosecurity", i.e., the blocking of all social**

activities in order to preserve "biological life". The concepts of personalization and prediction are gaining ground in medicine. Thanks to **new diagnostic tools and big data, medicine claims** to predict the individual risk of developing certain diseases in life. Besides **these screenings for genetic predisposition, new technological tools known as "wearables"** enable the constant monitoring of certain vital parameters. **Soon, however, they could be extended to all citizens.** Apparently such an approach to medicine is guiding us toward what you have defined as life reduced to mere biology - "naked life"." - Andrea Pensotti, in "Where is Science Going? An Interview with Professor Giorgio Agamben", Organisms: Journal of Biological Sciences, 2020.

> ***"There's plenty wrong, God knows, with New York medicine - outlandish prices, endless waits for hurried service, doctors who tell you that that funny feeling is in your head when it turns out to be in your stomach (and vice versa)."*** *- Arthur Levin, in "New York Magazine", 31 December, 1973.*

The Six Best Doctors in the World

"The six best doctors in the world,
And no one can deny it,
Are sunshine, water, rest and air,
Exercise and diet."
- Robert E. Wilson, in "Aideen MacLennon: The Story of a Rebel", 1952.

"Medical Science" Neither Art nor Science, can Only be Classed as Confusion

"Llewellys F. Barker, of Johns Hopkins, wrote that therapeutics was. moribund; eight years later Soilmaun, our foremost pharmacologist, wrote:

> ***"At present, it cannot be classed as an art, nor as a science; it can only be classed as a confusion."***

Today therapeutics has been virtually eliminated from the curricula of practically all our larger medical schools.

The fact that by allowing therapeutics to disappear from the list of subjects taught they are insuring the doom of medicine itself.

Virtually deprived of this knowledge by medical schools, graduates of the future will increasingly realize that their livelihood will no longer be earned honestly, unable as they will find themselves to meet the needs of those who, granting them unmerited confidence, will appeal to them for medical aid.

Honourable men will increasingly abandon a career so little in keeping with their true aims." - Dr Charles E. de M. Sajous, MD in "The Internal Secretions and the Principles of Medicine", 1923.

Less Harmful Healthcare is Possible and Desirable

"Quaternary prevention is the set of activities that try to avoid, reduce and alleviate the damage caused by medical intervention. Although all clinical actions seek a benefit, **none are without risks.** Thus, **diagnostic tests, preventive activities, prescribed medications or rehabilitative methods can trigger cascades of actions that generate harmful vicious circles. There are many examples of unnecessary, harmful or overused health practices**: the use of PSA to screen for prostate cancer, the wide use of proton pump inhibitors as a "gastric protector", or **the request for periodic laboratory check-ups in healthy people,** are some examples.

1. Every clinical decision carries both benefits and harms.

2. We call quaternary prevention the set of activities that try to avoid, reduce and alleviate the damage caused by medical intervention.

3. The medicalization of health, and the arrogance of medicine lead to a world of excess.

4. Quaternary prevention must permeate from diagnostic to preventive practices, through rehabilitative measures and the use of harmful drugs.

5. There is harm in offering quaternary prevention on a day-to-day basis. Therefore, it is not advisable to accept quaternary prevention proposals without criticism.

Any health intervention carries benefits and harms. Only a few offer more benefits than harm. In this context of medicalization of health and life, of a world of excessive interventions and demands, it is increasingly difficult to achieve a reasonable balance between benefits and harms, between good and evil." - Dr Juan Gérvas Camacho, MD, Dr Enrique Gavilán Moral, MD, Dr Laura Jiménez de Gracia, MD, in "Quaternary Prevention", July 2014.

Open Letter

To The Medical Trade
&
To The Politicians
Who Blindly Follow It

The Damage that you have Caused!
The Misery that you have Inflicted!

Surely there will be a **Day of Reckoning** for those who have **Defrauded Many a Nation; of their Wealth & Health.**

> *"**It is high time for me to put an end to your sitting in this place, which you have dishonoured by your contempt of all virtue, and defiled by your practice of every vice. Ye are a factious crew, and enemies to all good government. Ye are a pack of mercenary wretches,** and would like Esau sell your country for a mess of pottage. **Ye have no more religion than my horse. Gold is your God. Which of you have not bartered your conscience for bribes?** Ye are grown intolerably odious to the whole nation. **Yourselves become the greatest grievance.** Country therefore calls upon me to cleanse this **Augean Stable**, by putting a final period to your iniquitous proceedings; and which by God's help, and the strength he has given me, I am now come to do. **I command ye therefore, to depart immediately out of this place. Go, get you out! Make haste! In the name of God, go!**" - Oliver Cromwell, **Lord Protector of the Commonwealth**, dismissing Parliament, United Kingdom, 20 April 1653.*

Compulsive Lying Syndrome Affecting the Medical Trade

It is beyond any doubt, that the **Medical Trade suffers from Compulsive Lying Disorder.**

All Medical Trade Research Is Fraudulent Until Proven Otherwise

"The first step in solving any problem is recognizing there is one.

And when it comes to our health we have a major crisis.

A crisis so huge that the National Health Service (NHS) can no longer cope with the demand being placed on it driven by the Pandemic of Chronic Physical and Mental Disease.

We have an "Epidemic of Misinformed Doctors", and "Misinformed Patients" rooted in "Corporate Greed."

The lies of Big Food, and Bad Pharma are destroying lives on an unprecedented scale.

The situation is so dire, that the former Editor of the British Medical Journal (BMJ), Richard Smith recently asked whether it's time to assume:

"All health research is fraudulent until proven otherwise?"

And he's not alone. Only a few years earlier, the Editor of the Lancet, Richard Horton in a scathing editorial wrote that possibly half of the scientific literature may simply be untrue.

And that "Science" had taken a turn towards darkness."
- Dr Aseem Malhotra, MD, NHS (UK), Consultant Cardiologist, in "Public Health Collaboration", 23 August 2021.

> ***"Medical decision-making involves high degrees of uncertainty and clinicians are prone to reasoning errors."*** *- Thomas Grote, Philipp Berens, in "On the ethics of algorithmic decision-making in healthcare", BMJ, Journal of Medical Ethics, 20 November 2019.*

Please Note

The present book is being released due to the importance of the information contained here in.

In respects to the so-called "Pandemic" Covid-19.

Before reading this book, please read the Book:

"Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2021.

More information, and more Chapters may be added to the present book.

Thus, if you have purchased this book please look for any updated versions, as you will be able to download any new updated versions of this book.

"The So-called "Virus Theory", in Essence, Personifies what the Medical Trade is All About, a Big Lie!" *- Rui Alexandre Gabirro*

Note on the Elsevier COVID-19 resource centre

"Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website. Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active." - in "Novel Coronavirus Information Center Elsevier's free health and medical research on the novel coronavirus (SARS-CoV-2) and COVID-19", 27 January 2020.

Public Health Emergency Covid-19 Initiative

"On 13 March 2020, the National Science and Technology Advisors from a dozen countries, including the United States, called on publishers to voluntarily make their COVID-19 and coronavirus-related publications, and the available data supporting them, immediately accessible in PubMed Central (PMC) and other appropriate public repositories to support the ongoing public health emergency response efforts. To date, more than fifty publishers have responded to the call and volunteered to make their coronavirus-related articles accessible in PMC in formats and under license terms that facilitate text mining and secondary analysis. In addition, many other PMC journals and publishers make their coronavirus-related articles available the same way.

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Wolters Kluwer." - in "PMC", U.S. National Library of Medicine, NIH, 5 February 2021.

TREASURY DEPARTMENT
UNITED STATES PUBLIC HEALTH SERVICE

HYGIENIC LABORATORY—BULLETIN No. 123
FEBRUARY, 1921

I. EXPERIMENTS UPON VOLUNTEERS TO DETERMINE THE CAUSE AND MODE OF SPREAD OF INFLUENZA, BOSTON, NOVEMBER AND DECEMBER, 1918

By M. J. ROSENAU, W. J. KEEGAN, JOSEPH GOLDBERGER, and G. C. LAKE

II. EXPERIMENTS UPON VOLUNTEERS TO DETERMINE THE CAUSE AND MODE OF SPREAD OF INFLUENZA, SAN FRANCISCO, NOVEMBER AND DECEMBER, 1918

By G. W. McCOY and DE WAYNE RICHEY

III. EXPERIMENTS UPON VOLUNTEERS TO DETERMINE THE CAUSE AND MODE OF SPREAD OF INFLUENZA, BOSTON, FEBRUARY AND MARCH, 1919

By M. J. ROSENAU, W. J. KEEGAN, DE WAYNE RICHEY, G. W. McCOY, JOSEPH GOLDBERGER, J. P. LEAKE, and G. C. LAKE

WASHINGTON
GOVERNMENT PRINTING OFFICE
1921

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I. SERIES OF EXPERIMENTS AT BOSTON, NOVEMBER AND DECEMBER, 1918.[1]

By Lieut. Commander M. J. Rosenau and Lieut. W. J. Keegan, United States Navy, and Surg. Joseph Goldberger and Passed Asst. Surg. G. C. Lake, United States Public Health Service.

INTRODUCTION AND ACKNOWLEDGMENTS.

These experiments were carried on jointly by medical officers who were detailed for this purpose from the United States Navy and the United States Public Health Service, at the United States Quarantine Station, Gallups Island, and the United States Naval Hospital, Chelsea, Mass. The experiments were started November 6, and unavoidably discontinued December 23, 1918.

We desire especially to acknowledge the hearty cooperation accorded us by Surg. Gen. W. C. Braisted, United States Navy, and Surg. Gen. Rupert Blue, United States Public Health Service, and the sympathetic understanding of the officers in these bureaus, particularly Lieut. Commander J. R. Phelps, of the Bureau of Medicine and Surgery, United States Navy, and Assistant Surgeon Generals J. W. Schereschewsky and R. H. Creel, United States Public Health Service. We are furthermore particularly indebted to the late Surgeon Donald Currie, United States Public Health Service, in command of the United States Quarantine Station on Gallups Island, for many courtesies and facilities. Toward the close of the study, Dr. Currie contracted influenza, complicated with pneumonia, and died. His assistants, Acting Assistant Surgeons F. X. Crawford and E. M. Looney, helped the work in many direct and practical ways. We are under special obligations to Capt. John M. Edgar, district medical aide, United States Navy, and his able associate, Surgeon W. M. Bryan, United States Public Health Service, sanitary inspector of the first naval district, for practical assistance, which made it possible to carry on many details of the experiments. It is a pleasure also to acknowledge the cooperation we had from Capt. N. S. Blackwood, Medical Corps, United States Navy, in command of the naval hospital at Chelsea, and to his efficient executive surgeon, Commander J. M. Brister, Medical Corps, United States Navy. We were freely given the time and experience of Lieut. Commander L. W. McGuire, Medical Corps,

[1]Submitted for publication May, 1919.

United States Navy, and Lieut. W. R. Redden, Medical Corps, United States Navy, in helping us select donors and in acting as consultants in the case of one of the volunteers who was taken ill at Gallups Island. Acting Assistant Surgeon C. J. Longstreet, United States Public Health Service, helped in supervising the separation of the experimental groups.

A word of appreciation is due to the men who subjected themselves to experimentation; they were warned of the danger and believed, as did those who conducted the study, that they were risking their lives. The fact that none was harmed does not detract from the fine spirit, splendid courage, and readiness to serve humanity displayed by all of them.

Following is the list of names of those who volunteered to take influenza for the purposes of these experiments:

Abney, Dewey Lavern.
Allan, Robert Andrew.
Anderson, Arthur Raymond.
Bolduc, Joseph Real.
Bullock, Muro Chester.
Calabrese, James Joseph.
Center, Edward Thomas.
Colton, Charles.
Conroy, H. A.
Crist, Bertram.
Crowley, Henry Edward.
Denaard, Arthur Frederick.
Edman, Charles Frederick.
Englert, Henry Joseph.
Felton, James Elwyn.
Fleming, George William.
Foster, John.
Fournier, Ernest Joseph.
Garriott, Simon George.
Gerow, Percy Hector.
Gibson, Edward Molten.
Goodwin, R. E.
Healy, Thomas B.
Hedges, Daniel Judd.
Kearney, Engene Aloysius.
Klient, Thomas.
Malone, Walter James.
Marcum, Charles.
Maas, Paul Alfred.
Morrell, William Francis.
Murphy, Leonard Richard.
Murphy, William Joseph.
McAnneny, John Henry.
McKenna, Joseph Edward.
Nerling, Gustave.
Ortiz, Julius.
O'Toole, Frank Codman.
Peak, George Francis.
Pruett, George.
Reid, Robert Lincoln.
Scott, Robert James.
Slipp, Clarence.
Stanton, Judson Horatio.
Vandermeer, John William.
Vanelli, Arthur Nicholas.
Veteto, Gus Robert.
Vieira, Leopold Joseph.
Wanless, Frank B.
Heine, John Joseph.
Hill, Warren Arthur.
Holmes, Harrison Stephen.
Aimar, Bertram Hillard.
Crews, Millard.
Dawson, Harvey Allen.
Fink, Herbert Jacob.
O'Neill, Nick Persian.
Evans, Hugh John.
Holziner, Carl Peter.
Warren, Robert Flagg.
Whipp, Raymond Calvin.
Walker, E. F.
Hickey, Edward John.
Jones, Orlando Lloyd.
Lang, William Norman.
Myers, Fred.
Balbian, Frederick.
Campbell, Verlin Everett.
Micks, Albert.

SUBJECTS OF EXPERIMENT.

The men subjected to these experiments were all volunteers from the United States Naval Training Station, Deer Island, Boston. They numbered 62 in all, and varied in age from 15 to 34 years, 54 of them being 18 to 21 years of age. Aside from the fact that several had more or less enlarged tonsils, all appeared to be in excellent physical condition.

An epidemic of influenza had prevailed at the Deer Island Station, 186 cases having been recorded between September 7 and November 3, 1918, in an average population of 1,058 men (an incidence rate of 176 per 1,000), so that in varying degree all of these men had been exposed to the infection at this station, and in some instances also at preceding stations and places.

From a study of the individual official health records, and from histories elicited by questioning each volunteer, it would appear that 12 of them had an attack of influenza during the recent epidemic, 2 gave a history of illness which was probably this disease, 1 a doubtful history, and 47 appear to have escaped an attack during the epidemic. Of the latter 47, 3 gave histories of influenza-like attacks previous to the present epidemic, 2 of attacks that may be classified as probably influenza, and 3 of attacks of a suggestive but doubtful character. Of our 62 subjects, therefore, 39 were without history of an attack of influenza at any time, 15 with a history of this disease, and 8 with a history of attacks which may or may not have been influenza.

A list of the volunteer subjects with summary of pertinent data is presented in Table I.

TABLE I.—*List of volunteers, Boston experiments, November and December 1918.*

No.	Age.	Possible exposure to influenza during present epidemic, 1918.		History of attack of influenza or "grippe."		Remarks.
		On Deer Island since—	Previous to arrival at Deer Island.	Epidemic, 1918.	Previous to epidemic, 1918.	
1	19	Sept. 15	No	Yes, Sept. 23	No	
2	18	Sept. 29	No	No	No	
3	20	Sept. 24	Yes	No	Doubtful, 1916 and 1917.	On Sept. 7 and Sept. 8 slept with a comrade who was coming down with an attack.
4	20	Aug. 1	No	No	Yes, 1917	Associated with No. 11 who had an attack. Also exposed at Lawrence, Mass., on furlough from Deer Island.
5	19	Sept. 15	No	No	No	Tonsilitis, 1914; sore throat every winter.
6	21	Sept. 13	No	No	No	
7	18	Oct. 24	No	Probably about Oct. 1.	No	Not noted in official medical record, but history very suggestive.
8	21	Sept. 21	At Brooklyn Navy Yard, Sept. 17–20.	No	No	
9	19	July 28	No	No	No	
10	23	Aug. 15	No	No	No	
11	18	July 31	No	Yes[1]	No	Influenza attack Sept. 16.
12	19	June 11	No	No	Yes, 1917	Fairly typical history of attack in 1917.

TABLE I.—*List of volunteers, Boston experiments, November and December, 1918*—Continued.

No.	Age.	Possible exposure to influenza during present epidemic, 1918.		History of attack of influenza or "grippe."		Remarks.
		On Deer Island since—	Previous to arrival at Deer Island.	Epidemic, 1918.	Previous to epidemic, 1918.	
13	20	Aug. 10	No	No	No	
14	20	July 19	No	No	No	History of close contact at Deer Island.
15	20	Sept. 25	At New York receiving ship.	Yes [1]	No	Influenza Sept. 18 at receiving ship, N. Y.
16	31	Oct. 5	Norfolk, Va., Sept. 15–Oct. 1.	No	No	
17	20	June 26	No	No	Doubtful, Apr., 1918.	
18	19	Sept. 2	No	No	No	
19	21	Sept. 4	No	No	No	
20	19	Oct. 4	No	No	No	
21	19	Oct. 4	Norfolk, Va., in brig, Sept. 25.	No	No	
22	20	June 26	No	No	No	History of close contact.
23	19	Oct. 4	No	No	No	
24	19	Aug. 31	No	No	No	
25	19	Sept. 3	No	No	Probable, 1916	
26	18	Sept. 1	No	No	No	
27	19	July 4	No	Doubtful, Sept. 30.	Doubtful, 1917	
28	17	Sept. 19	At Brooklyn Navy Yard, Sept. 11–18.	No	No	
29	18	Sept. 15	No	No	No	
30	19	Aug. 17	No	No	No	
31	20	Aug. 15	No	No	No	
32	21	Oct. 4	Norfolk, Va., in brig.	No	No	
33	19	Aug. 22	No	No	Probable, 1915.	Epidemic in New Haven at time.
34	15	Aug. 21	No	Yes, Sept. 15	No	Not noted in official health record, but history of attack quite clear.
35	19	May 28	No	No	No	
36	19	June 17	No	No	No	
37	19	Aug. 30	No	No	No	Close contact with No. 60.
38	20	July 3	No	No	No	Close contact at Deer Island.
39	18	Oct. 21	No	No	No	
40	25	Sept. 12	No	No	No	
41	19	Sept. 19	At Brooklyn, in brig, Sept. 14–18.	Probable Aug. 8 on U. S. S. Frank H. Buck.	No	
42	19	Sept. 13	No	No	No	Close contact with No. 58.
43	34	Oct. 24	At Brooklyn, in brig, Aug. 25–Oct. 23.	No	Doubtful	
44	21	Sept. 28	No	No	No	
45	29	Sept. 28	No	No	No	
46	20	Oct. 5	No	No	No	
47	18	Sept. 25	At Brooklyn, in brig, Sept.	No	No	Close contact at Brooklyn and Deer Island.
48	20	Aug. 31	No	No	No	
49	18	Sept. 4	No	No	No	
50	20	June 26	No	No	No	
51	19	June 26	No	No	Doubtful, 1916	
52	19	Aug. 22	No	No	No	
53	18	Nov. 1	At Philadelphia, Apr. 19–Oct. 31.	No	No	Intimate contact at Philadelphia.
54	20	Sept. 6	No	Yes [1]	No	
56	21	Aug. 22	No	Yes, Sept. 23 [1]	No	
57	20	Aug. 22	No	Yes, Sept. 29 [1]	Probable, 1915	
58	21	Aug. 22	No	Yes, Sept. 22 [1]	No	
59	21	Sept. 3	No	Yes, Sept. 9 [1]	No	
60	20	Aug. 24	No	Yes, Sept. 22 [1]	No	
61	22	Sept. 11	No	Yes, Sept. 29 [1]	Probable several attacks.	
62	18	Mar. 28	No	Yes, Sept. 24 [1]	No	
63	20	July 1	No	No	No	

[1] Diagnosis in Naval Health Record.

Influenza had burnt itself out on Deer Island, and the possibility that the volunteer subjects of our experiments might be insusceptible was given careful consideration. While planning the program we even doubted the desirability of working with men who had so recently been exposed. In other words, it was logical to assume that these men having passed through the fire might not be burned because they were fireproof.

While this question of the susceptibility of the volunteer subjects has been a matter of concern throughout the work, we hoped to neutralize this factor by using 10 or more men for each experiment, assuming that in so large a group a sufficient number would be susceptible, especially to large amounts of the infecting virus.

Recognizing the drawback presented by the uncertain receptivity of our subjects, it seemed desirable to take advantage of any opportunity to work with subjects not known to have been exposed to the prevailing epidemic, and thus more probably susceptible. Learning of such possible group at the naval training station at Yerba Buena Island, San Francisco, a party of workers was dispatched from Washington jointly by the Public Health Service and the Bureau of Medicine and Surgery of the Navy, to attempt a similar study. The report of this party appears in this bulletin, page 42.

TABLE II.—*Summary of Boston experiments, November and December, 1918.*

Experiment No	Date, 1918.	Material. Kind.	Material. Source. Donor	Material. Source. Stage of illness.	Material. Quantity.	Material. Mode of inoculation.	Recipients. Presumably non-immunes.	Recipients. With doubtful or definite history of previous attack.	Remarks.
1	Nov. 13	Pfeiffer's bacillus, saline solution suspension.	W. K.	Second day	Approximately ⅛ loopful of an 18-hour culture.	Instilled into nose	Nos. 2, 13, 30	Nos. 57, 58, 60.	No appreciable effect.
2	Nov 16	A. Secretions from upper air passages in saline solution; unfiltered.	W. W. D.	Third day	Not measured	Instilled into nose and sprayed into nose and throat.	Nos. 5, 24, 26, 29, 31, 32, 35, 63.	Nos. 25, 33	The inoculations were made 5 to 5½ hours after securing secretions. One of the volunteers, No. 29, developed fever 36 hours after inoculation, considered as probably due to an inflamed throat, but influenza could not be excluded. The others showed no reaction
			K. J. J.	do					
			F. D. E.	Fourth day					
		B. Same as A after filtration through Mandler filter.			Not measured	Same as with A (see also remarks).	Nos. 9, 14, 16, 18, 19, 21.	Nos. 1, 3, 4, 27.	Nos. 16, 18, 19, 21, and 27 also received instillation in the eyes. Inoculations were made 4 to 4½ hours after securing secretions. No appreciable reactions.
3	Nov. 21	Secretions from upper air passages in saline solution; unfiltered.	A. B. M.	62 hours after onset	Not measured	Instilled into nose, eyes and sprayed into nose and throat.	Nos. 8, 10, 20, 22, 40, 45, 46, 49, 53.	No. 43	Inoculations made about 1 hour and 40 minutes after securing secretions. No appreciable reactions.
			C. R.	38 hours after onset					
			G. J. J.	58 hours after onset					
			H. L. W.	44 hours after onset					
4	Nov. 23	Secretions from nose and naso-pharynx.	F. H. H.	57 hours after onset		Transfer by swab from nose to nose and throat to throat.	Nos. 9, 35		The time elapsing between donor and recipient did not exceed 30 seconds in any instance. No appreciable reactions.
			B. R. H.	33 hours after onset			No. 14	No. 33	
			M. R. J.	70 hours after onset			No. 5	No. 4	
			R. E. L.	45 hours after onset				No. 3, 25	
			S. T. J.	55 hours after onset			Nos. 16, 32		
			K. L. P.	57 hours after onset			No. 63	No. 1	
			McC. J.	42 hours after onset			Nos. 18, 19		
			O. A.	31 hours after onset			No. 21	No. 27	
			H. M.	57 hours after onset			Nos. 24, 26		
			McL. C. F.	51 hours after onset			No. 31		
5	Nov. 25	Filtered secretions from upper air passages.	R. W. F.	46 hours after onset	Not measured	Subcutaneous	Nos. 20, 28, 36, 37, 38, 42, 44, 52.	Nos. 17, 51	Interval between securing secretions and inoculation varied between 2 and 5 hours. No appreciable reactions. The donors in this experiment also furnished the blood for the next experiment (No. 6).
			M. V.	8 hours after onset					
			B. C. H.	7 hours after onset					
			R. F. J.	31 hours after onset					
			E. F. J.	73 hours after onset					
6	Nov. 25	Blood from venous circulation.	R. W. F.	50 hours after onset	1.5 c. c. from each of the 5 donors.	Subcutaneous	Nos. 2, 6, 13, 23, 30, 39, 47, 48.	Nos. 11, 12	Interval between drawing blood and inoculation not over 45 minutes. No appreciable reactions.
			M. V.	12 hours after onset					
			B. C. H.	11 hours after onset					
			R. F. J.	35 hours after onset					
			E. F. J.	77 hours after onset					
7	Nov. 26	"Droplet," breath, and close contact.	N. T. C.	21 hours after onset		Direct exposure in close contact for from 3 to 5 minutes to each donor.	Nos. 8, 10, 20, 22, 40, 45, 46, 49, and 53.	No. 43	No appreciable reactions.
			F. L. M.	10 hours after onset					
			Y. E.	27 hours after onset					
			N. W. A.	56 hours after onset					
			K. A. L.	30 hours after onset					
			F. L. W.	72 hours after onset					
			G. W. F.	24 hours after onset					
			B. E. C. B.	84 hours after onset					
			B. C. L.	34 hours after onset					
			M. V.	34 hours after onset					
8	Dec. 2	Pfeiffer's bacillus, suspension in saline solution of 13 strains. Strains 1 to 13, Table III.		See table	0.5 c. c. of suspension representing about one billion organisms.	Sprayed into nose and throat.	Nos. 6, 20, 28, 37, 38, 39, 44, 48, and 52.	Nos. 7, 15, 34, 41, 51, 54, 56, 59, 60, 61.	About 48 hours after inoculation volunteer No. 38 complained of headache and sore throat and temperature rose to 38° C. Next day temperature was normal and he remained well. Otherwise nothing of significance.

DESCRIPTION OF EXPERIMENTS.

EXPERIMENT NO. 1—WITH A SINGLE CULTURE OF B. INFLUENZAE.

On November 13, 1918, we inoculated six men with a saline suspension of a culture of Pfeiffer's bacillus. Three of the men (Nos. 2, 13, and 30) were nonimmunes, i. e., were not known ever to have had an attack of influenza; the other three (Nos. 57, 58, and 62) were presumably immune, having a history of an attack of the disease during the recent epidemic, and were used as controls.

The culture (No. 14) was isolated from the sputum of a case (W. K.)[1] on November 9, the second day of the disease. When used, it was an 18-hour blood-agar culture, the fifth generation on artificial media. Approximately one loopful of the 18-hour culture was rubbed up in 6 c. c. of saline solution and 1 c. c. of this suspension instilled into the nose of each of the six subjects. The instillation was made with the subject on his back, about 0.5 c. c. being instilled into each nostril.

Results.—No appreciable effects were observed following this inoculation.

EXPERIMENT NO. 2—CRUDE AND FILTERED SECRETIONS.

On November 16 secretions were secured from the upper respiratory passages of three cases of influenza at the Peter Bent Brigham Hospital. Two of the cases (W. W. D. and K. J. J.) came from a barracks building of a school in which there was an outbreak of influenza. The third case (F. D. E.) was that of a student from another school at which there was an outbreak of the disease. The first two cases (W. W. D. and K. J. J.) were in the third day of their illness, and the third (F. D. E.) in the fourth day, when the secretions were secured.

At about 12 o'clock noon, mouth, nasal, and pharyngeal washings, bronchial sputum, pharyngeal and nasopharyngeal swabs were collected in sterile physiological saline solution from each of the cases and the three sets of specimens pooled in a single sterile bottle and shaken with beads. Part of these pooled secretions was filtered through Mandler filters, the filtration lasting about 2.4 hours. The secretions were taken to Gallups Island and there used for the following inoculations:

(*a*) *Unfiltered secretions.*—The crude secretions in saline solution were used for the inoculation of 10 men. This inoculation was made between 5 and 5.30 p. m., or approximately 5 to 5½ hours after the secretions were secured. The recipients were Nos. 5, 24, 25, 26, 29, 31, 32, 33, 35, and 63. None of these men had a history of an attack of the disease during the recent epidemic. One (No. 33), however, gave a history of having had an influenza-like attack in 1915; another (No. 25) gave a history of an illness in 1916 which may have been such an attack, thus leaving eight of the men without a history of influenza or influenza-like sickness at any time.

The inoculation was made by spraying the nose and throat and by instilling into the nostrils. It was estimated that each man received in these ways, in all, between 5 and 6 c. c. of the mixed unfiltered suspension of the secretions.

(*b*) *Filtered secretions.*—The filtrate obtained by passing the secretions through Mandler filters was used for the inoculation of 10 men. The inoculation was made between 4.30 and 5 p. m., or 4 to 4½ hours after the secretions were collected. The recipients were Nos. 1, 3, 4, 9, 14, 16, 18, 19, 21, and 27.

Of these 10 men 8 were without a history of an attack of the disease during the recent epidemic. One (No. 1) is reported to have had an attack in September, and one (No. 27) gave a doubtful history of such an attack.

Of 2 of the men who gave no history of influenza during the recent epidemic, one (No. 4) gave a history of an influenza-like attack in 1917; the other (No. 3) gave a doubtful history of such attacks in 1916 and 1917, so that of this group of 10 men, 6 were without history of influenza or influenza-like sickness at any time. The inoculation was made by spraying the nose and throat and by instillation into the nose. In the case of 5 of these men, viz, 16, 18, 19, 21, and 27, a drop or two of the filtrate was also instilled into each eye. In all, each of the 10 men received not less than 5 c. c. of the filtrate.

In both the group of men receiving the crude, and in that receiving the filtered secretions some, if not all, of the men in all probability swallowed some of the material.

Results.—With one exception, none of the above two groups of men developed any unpleasant effects. The exception was that of volunteer No. 29, inoculated with unfiltered secretions. About 36 hours after the inoculation, this young man's temperature rose and remained above normal for a week. (See chart 1.) Subjectively, he made almost no complaint; his tonsils, which before the inoculation were noted to be considerably enlarged, became somewhat more swollen and red. The submaxillary glands were slightly enlarged and somewhat tender. The only other physical findings were a few coarse râles, heard posteriorly at lower angle of the right scapula, which persisted for several days. Once or twice he mentioned some indefinite pains in the chest and some soreness of the throat. These poorly defined subjective symptoms were not complained of until about 30 hours after his rise in temperature.

There was no complaint of weakness, nor was there any appearance of prostration. Blood examination showed on November 19, W. B. C. 8,000, on November 20, 6,000, and on November 21, 9,000. Throat culture on November 20 showed hemolytic and also green producing streptococcus colonies.

[1] See history of cultures for details, Table III; Appendix B, page 28.

On November 20 he was seen with us in consultation by Lieut. Commander McGuire, United States Navy, and Lieut. Redden, United States Naval Reserve Force. It was agreed that the manifestations recorded were probably due to the inflamed condition of the throat, but a diagnosis of influenza could not positively be excluded.[1]

EXPERIMENT NO. 3—CRUDE SECRETIONS.

On November 21, 1918, secretions were secured from the upper respiratory passages of four cases of influenza at the Chelsea Naval Hospital and used for the inoculation of 10 men. The interval between the collection of the secretions and inoculation was one hour and 40 minutes.

The donors were A. B. M., who furnished the secretions about 62 hours after the onset of his symptoms; C. R., who furnished secretions about 38 hours after the onset; G. J. J., who furnished secretions about 58 hours after the onset; and H. L. W., who furnished secretions about 44 hours after the onset.

The secretions were secured by washing out the nose with physiologic salt solution, by swabbing the pharynx and naso-pharynx, and by having the donors cough and expectorate bronchial and buccal secretions into a sterile receptacle.

The secretions from the four cases were mixed and shaken in a sterile bottle with glass beads. In transit to Gallups Island the bottle containing the secretions was carried in the pocket in order to prevent too great chilling. The interval elapsing between the collection of the material and the completion of the inoculation was 1 hour and 40 minutes.

The inoculations were made by spraying the crude material into the nose and throat, and by instilling some of it into the eyes and nose of each of the 10 volunteers. Approximately 6 c. c. of the saline suspension was given to each volunteer. The recipients, 10 in number, were volunteers Nos. 8, 10, 20, 22, 40, 43, 45, 46, 49, and 53. Of these 10 men none had a record of influenza during the recent epidemic; 1 (No. 43), however, had a doubtful history of a previous influenza-like attack.

Results.—None of these men experienced any unpleasant effects following the inoculation.

EXPERIMENT NO. 4.—DIRECT TRANSFER OF SECRETIONS FROM NOSE TO NOSE AND THROAT TO THROAT.

On November 23, 1918, 19 of the 20 men used in experiment No. 2, having been under observation for seven days and not having shown

[1] He is reported to have subsequently developed an attack of influenza, lasting from Jan. 28 to Feb. 4, while on furlough in New York City.

any evidence of illness (with the single exception, No. 29, already discussed), were submitted to another test.

It occurred to us that our failure to reproduce the disease thus far might be due to several factors, two of which we decided to eliminate. These two factors were (1) the time which elapsed between collecting the material from the donors and introducing it into the volunteer recipients, and (2) the salt solution. By transferring the secretions directly from nose to nose, and from throat to throat, the time interval was reduced to a minimum, and the salt solution eliminated.

In this experiment, then, cotton applicators, consisting of "diphtheria swabs," were used to transfer the muco-purulent secretions directly from nose to nose; and "West tubes" were used to transfer the material from throat to throat. The time interval between donor and recipient was not over 30 seconds.

In this experiment there were 10 donors, from each of which transfers of secretions were made to each of a pair of recipients, with one exception, in which there was only a single recipient.

In the manner described, nasal and naso-pharyngeal secretions were transferred:

(*a*) From case F. H. H., 57 hours after onset of illness, to volunteers Nos. 9 and 35, neither of whom had a history of an attack of influenza at any time.

(*b*) From case B. R. H., 33 hours after the onset, to volunteers Nos. 14 and 33, neither of whom had a history of influenza in the recent epidemic, but one of whom (No. 33) had a history of an influenza-like attack in 1915.

(*c*) From case M. R. J., 70 hours after the onset, to volunteers Nos. and 5, neither of whom had a history of an attack during the recent epidemic, but one of whom (No. 4) gave a history of an influenza-like attack in 1917.

(*d*) From case R. E. L., 45 hours after the onset, to volunteers Nos. and 25, neither of whom had a history of influenza during the recent epidemic, but both of whom gave a more or less doubtful history of an influenza-like attack, No. 3 in 1916 and 1917, and No. 25 in 1916.

(*e*) From case S. T. J., 55 hours after the onset, to volunteers Nos. 5 and 32, neither of whom had a history of influenza at any time.

(*f*) From case K. L. P., 57 hours after the onset, to volunteers Nos. and 63, the former of whom (No. 1) had a history of an attack during the recent epidemic, while the latter (No. 63) was without history of the disease at any time.

(*g*) From case McC. J., 42 hours after the onset, to volunteers Nos. 18 and 19, neither of whom had a history of the disease at any time.

(*h*) From case O. A., 31 hours after the onset, to volunteers Nos. 21 and 27, the former of whom (No. 21) was without a history of

influenza at any time, while the latter (No. 27) gave a doubtful history of a mild attack, both during the recent epidemic and in 1917.

(*i*) From case H. M., 57 hours after the onset, to volunteers Nos. 2 and 26, neither of whom had a history of influenza at any time.

(*j*) From case McL. C. F., 51 hours after the onset, to volunteer No. 31, who had no history of ever having had an attack of influenza.

All of the donors above mentioned were from the U. S. S. *Yacona*.

Results.—None of the volunteers showed any unpleasant effects following the inoculation.

EXPERIMENT NO. 5—SUBCUTANEOUS INJECTION OF FILTERED SECRETIONS.

November 25, 1918. This experiment was designed to test the infectivity of filtered secretions from the upper air passages of cases of influenza when given subcutaneously, following Nicolle and Lebailly.[2]

On November 25 secretions were obtained as nasal, pharyngeal and mouth washings, bronchial sputum, and pharyngeal swabs, in sterile physiological solution from case R. W. F., 46 hours after onset of illness, from case M. V., 8 hours after the onset, and from case B. C. L., 7 hours after the onset, mixed and shaken with beads.

Secretions were similarly secured from case R. F. J., 31 hours after the onset, and from case E. F. J., 73 hours after the onset, likewise mixed and shaken with beads. The two sets of specimens of secretions were then separately filtered through Mandler filters; the first through filters with 11 pounds positive pressure value, the second through a filter of 9 pounds pressure value. After filtration, 2.5 c. c. of the filtrate of the first of the two specimens and about 2 c. c. of the filtrate of the second were subcutaneously inoculated into each of the following 10 volunteers, Nos. 17, 20, 28, 36, 37, 38, 42, 44, 51 and 52.

Of these men, none gave a history of an attack during the recent epidemic. One (No. 17) gave a doubtful history of an influenza-like attack in April, 1918, and one (No. 51) gave a history of such an attack in 1916. Of this group, therefore, eight were without a history of influenza or influenza-like illness at any time.

The time that elapsed between securing the secretions and the inoculation of the men with the filtrate was about 2 to 2.5 hours with respect to the first of the two sets of specimens above mentioned and about 5 hours with respect to the filtrate of the second set.

Results.—None of the men developed any appreciable reaction following this inoculation.

[1] Appendix C, page 30.

[2] C. Rend. Acad. d. Sc., 1918, vol. 167, p. 607.

EXPERIMENT NO. 6—SUBCUTANEOUS INJECTION OF BLOOD FROM INFLUENZA CASES.

November 25, 1918. This experiment was designed to test the infectivity of the blood of cases of influenza, when inoculated subcutaneously, following Nicolle and Lebailly.[1] On November 25 blood was drawn from the venous circulation (arm vein) of each of five cases of influenza; the patients were the same as those furnishing the secretions in the immediately preceding experiment (No. 5) but about 4 hours later, so that when the blood was drawn the patients were from 11 to 77 hours after the onset of their illness. About 20 c. c. of blood was drawn from each patient into a syringe containing about 4 c. c. of sterile 5 per cent sodium citrate solution. The five specimens of blood thus drawn were pooled and 10 c. c. (representing approximately 1.5 c. c. of undiluted blood from each of the five cases) subcutaneously injected into each of the following volunteer subjects: Nos. 2, 6, 11, 12, 13, 23, 30, 39, 47, and 48. Of these men, nine were without history of an attack during the recent epidemic, one (No. 11) had such history, and of the nine, one (No. 12) had a history of an influenza-like attack in 1917, so that of the group, eight were without history of influenza or influenza-like illness at any time.

Of this group of subjects, three—Nos. 2, 13 and 30—had been used previously in experiment No. 1 (inoculation with Pfeiffer's bacillus).

The interval between drawing the blood and inoculating it did not exceed 45 minutes in any case.

Results.—Aside from slight soreness at the site of inoculation lasting not over 24 hours, there was no appreciable effect following the inoculation.

EXPERIMENT NO. 7—DIRECT CONTACT.

November 26, 1918. This experiment was designed to test the transmissibility of influenza by what is assumed to be the natural means, viz, by the expired breath and cough.

The 10 volunteers previously used in Experiment No. 3, in which they were inoculated with mixed unfiltered secretions from the upper respiratory passages from active cases of influenza, were used in the present experiment. They were taken to the naval hospital at Chelsea and in a ward in which 30 cases of influenza were being treated, were exposed to infection from 10 especially selected acute cases, as follows:

Case N. T. C., about 21 hours after onset of illness; case F. L. M., about 10 hours after onset of illness; case Y. E., about 27 hours after

[1] Loc. Cit.

onset of illness; case N. W. A., about 56 hours after onset of illness; case K. A. L., about 30 hours after onset of illness; case F. L. W., about 72 hours after onset of illness; case G. W. F., about 24 hours after onset of illness; case B. E. C. B., about 84 hours after onset of illness; case B. C. L., about 34 hours after onset of illness; case M. V., about 34 hours after onset of illness.

Each volunteer took a position close to the bedside of one of the selected patients and conversed with him for two or three minutes, then the patient was directed to breathe five times and then cough five times directly into the face of the volunteer. After this was done the volunteer proceeded to the bedside of a second patient. In this manner each of the volunteers was exposed in succession to each of the 10 selected cases, the exposure to each being between three and five minutes. The total exposure for each volunteer, therefore, was between 30 and 50 minutes.

Results.—None of these volunteers developed any indications of illness following this exposure.

EXPERIMENT NO. 8—INSTILLATION OF A MIXTURE OF 13 DIFFERENT STRAINS OF PFEIFFER'S BACILLUS.

On December 2, 1918, we inoculated 19 volunteers with a suspension in a saline solution of 13 strains of pure culture, of Pfeiffer's bacillus. Of the volunteers 10 (Nos. 6, 20, 28, 37, 38, 39, 44, 48, 51, and 52) were nonimmunes, i. e., were without history of an attack of influenza in the recent epidemic, and, with one exception (No. 51) were without a history of an influenza-like attack at any time. In the case of this one man (No. 51) there was a history of what may have been an influenza-like attack in 1916. The other nine volunteers, viz, Nos. 7, 15, 34, 41, 54, 56, 59, 60, and 61, had histories of a definite or (in two instances, Nos. 7 and 41) a probable attack of the disease during the recent epidemic and served as controls.

A memorandum relative to the origin of the strains of Pfeiffer's bacillus, with certain other pertinent data, is given in Appendix and a summary is presented in Table III. All 13 strains were isolated from cases of influenza occurring during the recent epidemic. Four of the strains were isolated within five days of the date of inoculation and had been on artificial culture media for not over five generations; two of them, indeed, had been on artificial media for not over 48 hours at the time of inoculation.

TABLE III.—*Cultures used in Boston experiments November and December, 1918.*

No.	Culture. Designation.	Culture. Source.	Interval between isolation of culture and inoculations.	Medium.	Transplant used.
1	McC	Lungs at necropsy	5 days	Heated and filtered blood agar.	Fifth.
2	K-OC	Nasopharynx, life	48 hours	do	First.
3	K-CF	do	do	do	Do.
4	U-W	Lungs at necropsy	5 days	do	Fourth.
5	H-E	Washed bronchial sputum, life.	13 days	do	Seventh.
6	Youngstown	Lungs at necropsy	12 days	do	(?)
7	P-BH (123)	do	26 days	do	Fifteenth (?).
8	Card	do	38 days	do	
9	Staizecki	do	do	do	
10	Butler	Lungs, life (?)	do	do	
11	CD (112)			do	
12	CD (157)			do	
13	Park (103)			do	
14	WK	Sputum, life, second day	5 days	Whole blood agar	Fifth.

See Appendix B, p. 28.

Each of the strains was planted on special blood agar slants[14] on December 1 at 3 p. m. at the laboratory of the Chelsea Naval Hospital. This medium was prepared by adding 10 per cent of defibrinated sheep's blood to melted plain agar, neutral to phenolphthalein, and then boiling and filtering through sterile gauze, the resulting medium being perfectly clear and very favorable to the growth of Pfeiffer's bacillus.

At 11.15 a. m. December 2, the cultures were taken from the incubator, placed in a warm box, and thus transferred to Gallups Island, where they were placed in an incubator at 1 p. m. At 1.45 p. m. a suspension of the growth of each strain on a slant was made in a total of 25 c. c. of warm dextrose beef broth. The growth from but a single slant was used in the case of all strains except Nos. 1, 2, and 3. Of the latter the growth from two slants of each of strains Nos. 1 and 2 and of four from No. 3 was used; thus, in the preparation of the suspension, the growth from eighteen slants in all was used, and the suspension included increased proportions of three of the most recently isolated strains.

A bacterial count of the suspended bacilli by Wright's capillary tube method in comparison with red blood cells showed approximately 2 billion per cubic centimeter.

The inoculation was made between 2.05 and 2.22 p. m. by spraying this suspension into the nose and pharynx, the volunteer taking a deep inhalation when the throat was sprayed. In this manner each man received approximately 0.5 c. c. of the suspension containing about 1 billion bacilli.

[1] Levinthal, W., Influenza. Bakteriologische und serologischen Studien. Berl. klin. Wchnschr. 1918. LIV. 972. Abstracted in J. Am. Med. Association, 1918, LXXI, 1578.

The cultures were carried back to the naval hospital and transplants made from each tube used and also from the remainder of the broth suspension. All transplants gave abundant growths of Pfeiffer's bacillus.

All cultures used were identified morphologically and culturally immediately before and after the experiment.

Results.—About six hours after the inoculation volunteer No. 28 had an attack of vomiting and complained of malaise which, however, had begun before the inoculation. His temperature did not rise above normal and he appeared well the next day and remained so.

About 48 hours after the inoculation volunteer No. 38 complained of headache and sore throat and his temperature rose to 38° C. The next day his temperature was normal and he appeared well, and remained so throughout the remainder of the period of close observation of seven days.

Aside from the foregoing developments all of the volunteers remained in good health; none showed any evidence of influenza.

SUMMARY.

Subjects.—Sixty-two volunteers, varying in age from 15 to 34 years, were the subjects of experiment. Of these 39 were without history of an attack of influenza at any time; 14 gave a history of this disease; and 9 had a history of attacks of a doubtful nature. All, however, had been exposed in varying degrees to the epidemic at Deer Island or at a previous station or place.

Experiments.—Eight experiments were made: In two, pure cultures of Pfeiffer's bacillus were used, inoculations being respectively by instillations into the nose and spraying of the nose and throat.

In two, unfiltered secretions from the upper respiratory passage were sprayed into the nose and throat; in one of these some of the secretions were also instilled into the eyes.

In one, filtered secretions from the upper respiratory passage were sprayed into the nose and throat and instilled into the eyes and in another experiment such a filtrate was injected subcutaneously.

In one experiment direct transfers of secretions from nose and nasopharynx by means of swabs were made from nose to nose and from nasopharynx to nasopharynx.

In one experiment freshly drawn citrated blood was injected subcutaneously.

In one experiment there was exposure by close contact to expired breath and "droplet" infection.

Donors.—The experimental material was obtained from an exposure made to cases of influenza in various stages of the disease and of different grades of severity. The donors were selected from epidemic groups, thus minimizing the chance of mistake in selection of isolated cases. The crude secretions were obtained from cases in the second, third, and fourth days of the disease. The secretions in one of the filtration experiments (inoculated subcutaneously) were from cases as early as the eighth and ninth hour after the onset. In the contact and droplet infection experiment the donors were from 10 to 84 hours after the onset of their respective attacks, and in the blood inoculation experiment the donors were from 11 to 77 hours after the beginning of their sickness.

Results.—In only one instance (Experiment 2 (*a*)) was any reaction observed in which a diagnosis of influenza could not be excluded, and here a mildly inflamed throat seemed the more probable cause of the fever and other symptoms. Nothing like influenza developed in the other volunteers.

DISCUSSION OF RESULTS.

The results of our experiments do not warrant positive conclusions. The negative character of our results is surprising when we call to mind the very high communicability of the disease and the fact that the incidence rate in the recent epidemic was usually 20 per cent, often 30 per cent or more of the population. The incidence of the disease on the U. S. S. *Yacona*, from which we took a number of donors, was 84.2 per cent.

In explanation of our failure to reproduce the disease, many factors naturally suggest themselves for consideration. Among these, the susceptibility of the volunteers and the stage of the disease at which the secretions from the upper respiratory passage were secured stand out as perhaps of the first order.

It is possible that all our volunteers resisted infection because of a natural or an acquired immunity. If this be true, then we have an indication of a much higher degree of immunity to this disease than is generally assumed. The fact that our colleagues in the San Francisco studies (q. v. p. 53) failed to reproduce the disease in volunteers who had not been exposed in the recent pandemic suggests that the immunity of our volunteers was at least not the sole controlling factor.

Epidemiological evidence points to the likelihood that influenza is most communicable during its early stages. Most of our material was obtained during the first, second, or third days of the disease, sometimes as early as the eighth or tenth hour after the beginning of symptoms. In no case, however, did we obtain material during the period of incubation. If our volunteers were susceptible, then it could be argued that the material used did not contain the virus.

Despite our negative results, it is nevertheless probable that the disease is transmitted by the discharges from the mouth and nose. Our failure, however, to reproduce the disease with these discharges suggests that there may be unknown factors involved, either in the discharge of the virus from the body, or its entrance into the victim, or both.

APPENDIX A.

DONORS.

A. B. M. (Sea–1, age 23, U. S. S. *New Jersey*).—The onset of illness was Monday, November 18, at midnight. The patient awoke feeling hot, dizzy, nauseated, and weak. He had a bad headache, and his bones and joints ached. He reported to sick bay Tuesday morning with a temperature of 101° F. He had no sore throat or chest pains; an occasional cough. The leucocyte count November 21 was 7,200, polymorphonuclears 76 per cent, mononuclears 24 per cent. (Chart 2.)

This patient gave no previous history of influenza, although having been in very close contact with it on the ship during an outbreak about October 1. He was perfectly well preceding this attack and recovered without complications.

Furnished secretions from upper respiratory passages on November 21 between 2.20 and 2.35 p. m. for use in Experiment No. 3.

B. C. L. (Sea–2, age 19, U. S. S. *Yacona*).—The onset of illness was Monday, November 25, at 6 a. m. The patient awoke with a headache, a slightly sore throat, chilly sensations, and eyes sensitive to light. The leucocyte count November 27 was 4,500, polynuclears 52 per cent, lymphocytes 58 per cent. He recovered without complications. (Chart 3.)

On November 25, at 1 p. m., seven hours after the onset, this patient furnished secretions from the mouth, pharynx, and bronchi, which were used in Experiment No. 5, and four hours later (11 hours after the onset) blood, which was used in Experiment No. 6. He was used a third time, November 26, 34 hours after the onset, in Experiment No. 7, for direct exposure of volunteers.

B. R. H. (El–1, age 26, U. S. S. *Yacona*).—The onset of illness was Friday, November 22, at 6 a. m. The patient felt well the night before. He awoke with headache, pain in his back, a slight cough, eyes and nose congested. The leucocyte count November 23 was 8,200, polynuclears 73 per cent, lymphocytes 25 per cent, transitionals 3 per cent. He recovered, with questionable pneumonic complications. (Chart 4.)

On November 23, 1918, 33 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx, which were used in Experiment No. 4.

B. E. C. B. (Ch. Com. St., age 26, U. S. S. *Yacona*).—The onset of illness was Saturday, November 23, at 6 a. m. The patient felt tired Friday, with a slight headache; Saturday he felt tired all over, with backache. He had no sore throat. The leucocyte count November 27 was 3,600, polynuclears 61 per cent, lymphocytes 38 per cent, transitionals 1 per cent. Recovered, with questionable pneumonic complications. (Chart 5.)

On November 26, 1918, 84 hours after the onset, this patient was used in Experiment No. 7 for direct exposure of volunteers.

C. R. (Sea–2, age 28, radio school).—The onset of illness was Tuesday, November 19 at midnight. The patient felt dizzy, with headache, vomiting, and pains in his legs. He first sweat and then felt cold. He had no sore throat. He felt perfectly well Tuesday evening, before midnight. The leucocyte count November 21 was 6,400, polynuclears 55 per cent, lymphocytes 43 per cent, transitionals 1 per cent, basophiles 1 per cent. Recovered, without complications. (Chart 6.)

He gave no previous history of influenza, although he was at the radio school during the first outbreak there. He said the sick bay was full of similar cases the day he reported, November 20.

On November 21, at about 2.20 p. m. (or about 38 hours after the onset) furnished secretions from upper respiratory passages for Experiment No. 3.

F. F. J. (Sk–3, age 25, U. S. S. *Yacona*).—The onset of illness was Friday, November 22, at noon, when he felt weak. Friday night he felt sore all over and chilly. He had felt well before this onset. On November 25 the leucocyte count was 3,400, polynuclears 66 per cent, lymphocytes 34 per cent. Developed pneumonia. Recovered. (Chart 7.)

On November 25, 1918, 75 hours after the onset, this patient furnished secretions from the mouth, nose, pharynx, and bronchi, which were used in Experiment No. 5, and, four hours later, blood, which was used in Experiment No. 6.

F. H. H. (Qm–1, age 24, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, at 6 a. m. He awoke with headache, chilliness, pains in his muscles and joints, a dry throat and chest, and an occasional cough. He felt weak the night before. His temperature at sick bay Thursday morning was 102.2°. The leucocyte count November 23 was 9,400, polynuclears 58 per cent, lymphocytes 38 per cent, transitionals 4 per cent. Recovered, with questionable pneumonic complications. (Chart 8.)

On November 23, 1918, 57 hours after the onset, this patient furnished secretions from the nasal passages and posterior nasopharynx, which were used in Experiment No. 4.

F. D. E. (student, age 19, female).—The onset of influenza was November 12. Initial symptoms were a severe headache and backache; some cough and fever. Leucocyte count November 15 was 6,400, polynuclears 51 per cent, lymphocytes 48 per cent, eosinophiles 1 per cent. Recovered without complications. (Chart 9.)

On November 16, about 12 m., on the fourth day of illness, furnished secretions for Experiment No. 2.

F. L. M. (Sea.–2, age 18, U. S. S. *Yacona*).—The onset of illness was Tuesday morning, November 26; the only symptom was a fever of 101°. Had no aches or pains. November 27 the leucocyte count was 5,400, polynuclears 53 per cent, lymphocytes 41 per cent, transitionals 3 per cent, basophiles 1 per cent, eosinophiles 2 per cent. Recovered without complications. (Chart 10.)

On November 26, 1918, 10 hours after the onset, this patient was used in Experiment No. 7 for direct exposure of volunteers.

F. L. W. (Sea.–1, age 20, U. S. S. *Yacona*).—The onset of illness was Saturday, November 23, in the afternoon. It began with headache, weakness, aching in bones and joints. The patient felt dizzy, his throat was dry, and he coughed a little. The leucocyte count on November 27 was 3,400, polynuclears 40 per cent, lymphocytes 60 per cent. Recovered without complications. (Chart 11.)

On November 26, 1918, 72 hours after the onset, this patient was used in Experiment No. 7.

G. J. J. (El-R., age 22, radio school).—The patient had been in the radio school, Cambridge, Mass., since the first appearance of pandemic influenza in Boston, and had been in contact with cases of influenza at the radio school and in Boston during the outbreak of the early part of September. He did not contract the disease at that time. A recurrent outbreak occurred at the radio school soon after the Liberty Day celebrations of November 11 and 12. There were about 80 cases in the sick bay at the time G. J. J. entered, mostly of very mild type.

The onset of illness was Tuesday, November 19, at 4 a. m. The initial symptoms were a dizzy headache, aches in the back and legs, and some pain in the stomach. There was no vomiting. The onset was sudden, except that on the preceding day at 5 p. m. the patient had felt a little poorly, and had applied at the sick bay for a

dose of salts. He complained of no sore throat and no previous ailment of any kind. On November 24 the leucocyte count was 6,200, polynuclears 52 per cent, lymphocytes 48 per cent. Recovered without complications. (Chart 12.)

November 21, about 58 hours after the onset, furnished material for Experiment No. 3.

G. W. F. (F–2, age 27, U. S. S. *Yacona*).—The onset of illness was Monday, November 25, at 3 p. m., suddenly while on watch. The patient felt weak and ached all over. He had no sore throat or dizziness. The leucocyte count November 27 was 3,300, polynuclears 57 per cent, lymphocytes 43 per cent. Recovered, with questionable pneumonic complications. (Chart 13.)

On November 26, 1918, 24 hours after the onset, this patient was used in Experiment No. 7 .

H. L. W. (Cqm., age 29, M. I. T.).—The onset of illness was Tuesday, November 19, at 6 p. m. The patient suddenly felt quite ill, feverish, chilly, and with hot and cold flushes, a heavy feeling in his head, and aching pains in eyes and back of eyes. His extremities felt as though they were very heavy, with a mild aching, like fatigue. All day Tuesday he had felt a little ill, but the onset was definite and sudden. He had no sore throat, but had had a cold "in the head" for about three weeks, for which he had been going to sick bay occasionally. The leucocyte count November 21 was 5,400, polynuclears 50 per cent, lymphocytes 40 per cent. Recovered without complications. (Chart 14.)

The previous history showed contact with influenza during the first outbreak in Boston, without contracting it; his two little daughters had influenza at his home where he stayed.

November 21, about 44 hours after the onset, furnished material for Experiment No. 3.

H. M. (Sea., age 29, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, at 6 a. m. When the patient awoke he had pains in his head and chest. The back of his neck ached a little. He coughed considerably and had a raw throat. On November 23 the leucocyte count was 6,000, polynuclears 80 per cent, lymphocytes 14 per cent, transitionals 5 per cent, eosinophiles 1 per cent. Recovered without complications. (Chart 15.)

On November 23, 1918, 57 hours after the onset, this patient furnished secretions from the nasal fossa and posterior nasopharynx, which were used in Experiment No. 4.

K. A. L. (El–R–1, age 20, U. S. S. *Yacona*.)—The onset of illness was Monday, November 25, in the forenoon. It began with a headache between the eyes. The patient had no sore throat or backache, no chilly or warm sensations. In the afternoon he felt dizzy and coughed a little, and his temperature was 101.6°. He had been well previously, except for a mild cold for about a week. Leucocyte count November 27, 8,400. Recovered without complications. (Chart 16.)

On November 26, 1918, 30 hours after the onset, this patient was used in Experiment No. 7 for direct exposure of volunteers.

K. J. J. (S. A. T. C., age 20).—The onset of influenza was November 13, 1918, in the afternoon. The initial symptoms were a fairly severe frontal headache, fever, and hoarseness, backache and general disagreeable feeling. Leucocyte count November 15 was 5,800, polynuclears 78 per cent, lymphocytes 14 per cent, large mononuclears 9 per cent, eosinophiles 2 per cent, mast cells 1 per cent. The urine showed numerous finely granular and coarsely granular casts. Recovered without complications. (Chart 17.)

On November 16, in the third day of illness (about 72 hours after onset), furnished secretions for Experiment No. 2.

K. L. P. (Sea., age 22, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, at 6 a. m. The patient felt slightly ill the night before. In the morning he had fever, headache, and backache. His throat felt a little dry and raw. On November 23 the leucocyte count was 5,700, polynuclears 54 per cent, lymphocytes 44 per cent, transitionals 2 per cent. Recovered without complications. (Chart 18.)

On November 23, 1918, about 57 hours after the onset this patient furnished secretions from the nasal fossae and posterior nasopharynx which were used in Experiment No. 4.

McC. J. (F–2, age 27, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, between 6 and 12 p. m. The patient came off watch at midnight and was sweating considerably. His throat was sore, head dizzy, he had chilly sensations in his chest, fever, and pains in his back. On November 23 the leucocyte count was 10,000, polynuclears 72 per cent, lymphocytes 22 per cent, transitionals 5 per cent, eosinophiles 1 per cent. Developed pneumonia. Recovered. (Chart 19.)

On November 23, 1918, about 42 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx which were used in Experiment No. 4.

McL. C. F. (Bm–1, age 24, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, at noon. It began suddenly with headache, aching in bones and muscles all over. The patient felt chilly, his eyes burned and he had a raw throat, coughing a little. On November 23 the leucocyte count was 5,800, polynuclears 75 per cent, lymphocytes 23 per cent, transitionals 2 per cent. The leucocyte count November 27, during pneumonia, was 5,000, polynuclears 50 per cent, lymphocytes 49 per cent, transitionals 1 per cent. Recovered. (Chart 20.)

On November 23, 1918, 51 hours after the onset, this patient furnished secretions from the nasal fossae and the posterior nasopharynx which were used in Experiment No. 4.

M. R. J. (Mm–1, age 22, U. S. S. *Yacona*).—The onset of illness was Wednesday, November 20, at 5 p. m. The patient felt well Wednesday morning. The initial symptoms were chilly sensations, headache, pains in shoulders and back. His eyes burned. He coughed some at night and had pains in his chest. On November 23 the leucocyte count was 4,200, polynuclears 49 per cent, lymphocytes 46 per cent, transitionals 4 per cent, basophiles 1 per cent. Recovered, without complications. (Chart 21.)

On November 23, 1918, 70 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx which were used in Experiment No. 4.

M. V. (M. Att.–3, age 22, U. S. S. *Yacona*).—The onset of illness was on Monday, November 25, at 5 a. m. It started with a severe headache, shivering, a little cough, and weakness. The patient had had a cough for three to four weeks previously. On November 25 the leucocyte count was 4,800, polynuclears 66 per cent, lymphocytes 33 per cent, transitionals 1 per cent. Recovered, without complications. (Chart 22.)

On November 25, 1918, about 8 hours after the onset, this patient furnished secretions from the mouth, nose, pharynx, and bronchi, which were used in Experiment No. 5, and 4 hours later blood, which was used in Experiment No. 6. He was used a third time on November 26, 34 hours after the onset, in Experiment No. 7.

N. T. C. (Bm–2, age 34, U. S. S. *Yacona*).—The onset of illness was Monday, November 25, at 7 p. m. The symptoms were fever, chilliness, pains all over, a slight cough, and a heavy feeling in the chest. The patient had had a slight cough two or three days previously. On November 27 the leucocyte count was 5,600, polynuclears 58 per cent, lymphocytes 38 per cent, transitionals 2 per cent, eosinophiles 1 per cent, basophiles 1 per cent. Recovered, without complications. (Chart 23.)

On November 26, 1918, about 21 hours after the onset, this patient was used in Experiment No. 7.

N. W. A. (El–R–2, U. S. S. *Yacona*).—The onset of illness was Sunday, November 24, at 8 a. m. It started with aches all over the body and flashes of heat and cold. The patient had no sore throat, and had felt well previously. On November 27 the leucocyte count was 11,000, polynuclears 79 per cent, lymphocytes 21 per cent, this associated with signs of pneumonia. Recovered. (Chart 24.)

On November 26, 1918, about 56 hours after the onset, this patient was used in Experiment No. 7.

O. A. (F–1, age 32, U. S. S. *Yacona*).—The onset of illness was Friday, November 22, at 8 a. m. The patient awoke with a cough, headache, and aching in joints and muscles. He had had a slight cold the preceding three or four days. A severe pneumonia complication appeared November 26, due chiefly to a hemolytic streptococcus. (Chart 25.) The leucocyte count, November 23, was 5,200, polynuclears 69 per cent, lymphocytes 30 per cent, transitionals 1 per cent. A chronic empyema, cavity, with irregular fever, persisting to date, April 7, 1919.

On November 23, 1918, about 31 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx, which were used in Experiment No. 4.

R. E. L. (El–1, age 28, U. S. S. *Yacona*).—The onset of illness was Thursday, November 21, at 6 p. m. The initial symptoms were headache, chilliness, pains in back and legs. On November 23 the leucocyte count was 4,000, polynuclears 54 per cent, lymphocytes 43 per cent, transitionals 3 per cent. Recovered, with questionable pneumonic complications. (Chart 26.)

On November 23, 1918, 45 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx, which were used in Experiment No. 4.

R. F. J. (Qm–3, age 20, U. S. S. *Yacona*).—The onset of illness was Sunday, November 24, at 6 a. m. The patient felt well Saturday night at 10 p. m. He awoke with chilly sensations, and later in the morning had a severe headache and backache. His throat was a little dry and he coughed considerably. On November 25 the leucocyte count was 5,900, polynuclears 58 per cent, lymphocytes 42 per cent. Recovered, without complications. (Chart 27.)

On November 25, 1918, 31 hours after the onset, this patient furnished secretions from the mouth, nose, pharynx, and bronchi, which were used in Experiment No. 5, and 4 hours later blood, which was used in Experiment No. 6.

R. W. F. (F–2, age 22, U. S. S. *Yacona*).—The onset of illness was Saturday, November 23, at 3 p. m. Symptoms of fever and prostration developed suddenly. The patient complained of no aches, pains, or chills. He had felt well before the onset. Signs of pneumonia developed November 27. On November 25 the leucocyte count was 5,400, polynuclears 84 per cent, lymphocytes 16 per cent. Recovered. (Chart 28.)

On November 25, 1918, 46 hours after the onset, this patient furnished secretions from mouth, nose, pharynx, and bronchi, which were used in Experiment No. 5, and 4 hours later blood, which was used in Experiment No. 6.

S. T. J. (Bm–2, age 23, U. S. S. *Yacona*).—The onset of illness was at 8 a. m., November 21. The patient felt well the night before. The disease began with a severe headache and gastric discomfort. There was no sore throat. On November 23 the leucocyte count was 7,200, polynuclears 58 per cent, lymphocytes 40 per cent, transitionals 1 per cent, basophiles 1 per cent. Recovered, without complication. (Chart 29).

On November 23, 1918, about 55 hours after the onset, this patient furnished secretions from the nasal fossae and posterior nasopharynx, which were used in Experiment No. 4.

W. W. D. (S. A. T. C., age 19).—The onset of illness was Tuesday afternoon, November 13. The initial symptoms were cold in the head and chest, cough, headache, and dizziness, but no backache. Leucocyte count, November 14, was 4,100, polynuclears 79 per cent, lymphocytes 16 per cent, large mononuclears 8 per cent, eosinophiles 2 per cent, mast cells 2 per cent. Sputum examination showed pneumococci and influenza bacilli. Questionable pneumonic complications. Recovered. (Chart 30.)

November 16, approximately 72 hours after onset of illness, secretions furnished for Experiment No. 2.

Y. E. (Cbm., age 27, U. S. S. *Yacona*).—The onset of illness was Monday, November 25, at noon. It started with a headache and a backache. The patient felt warm, his throat was dry, and he had a little cough. He had had no previous sore throat. On November 27 the leucocyte count was 4,800, polynuclears 29 per cent, lymphocytes 59 per cent, transitionals 8 per cent, basophiles 1 per cent, and eosinophiles 3 per cent. Recovery, without complications. (Chart 31.)

On November 26, 1918, about 27 hours after the onset, this patient was used in Experiment No. 7.

APPENDIX B.

HISTORY OF CULTURES OF PFEIFFER'S BACILLUS USED IN EXPERIMENTS.

(Table III.)

No. 1. McC.—This influenza bacillus was isolated from the lungs at necropsy of one of the cases of the U. S. S. *Yacona*, Tuesday, November 26, 1918, naval hospital, and the culture used in Experiment 8 was the fifth daily transplant. (Chart 32.)

The history of the case indicates a most virulent infection, the disease having lasted only three days. The onset was Saturday morning, November 23. A leucocyte count was not made.

The necropsy showed a coarse, firm, lobular consolidation in both inferior lobes, with beginning larger and more uniformly consolidated areas on both sides, at a site corresponding to the inferior angles of the scapulae.

The cultures from all lobes, except the right middle lobe, which was not involved, gave a predominant staphylococcus aureus, with fairly numerous influenza bacillus colonies.

No. 2. K–OC.—This influenza bacillus was obtained by West tube nasopharyngeal culture, Saturday, November 30. (Chart 33.) The patient was from the U. S. S. *Yacona*, and gave a history of onset of typical influenza November 29 at 8 a. m. He had felt well at 4 a. m. The initial symptoms were severe headache, so that he could hardly see, aching across his hips, and alternate warm and chilly sensations. The light hurt his eyes, and his nose bled slightly. The leucocyte count on the third day was 13,600, polynuclears 78 per cent, lymphocytes 20 per cent, transitionals 2 per cent. Signs of pneumonia developed on the third day. Recovered.

The influenza bacillus obtained by nasopharyngeal culture was transplanted once on whole blood agar and on heated blood agar. Pure cultures were obtained with characteristic morphology and cultural qualities on the two media used. These first transplants were used in Experiment 8.

No. 3. K–CF.—This influenza bacillus was obtained from nasal and posterior nasopharyngeal cultures on blood agar plates, Saturday, November 30. (Chart 34.) The patient was from the U. S. S. *Yacona*, and gave a history of onset of typical influenza Friday, November 29, at 10 a. m. The initial symptoms were headache, backache, photophobia, but no sore throat. The leucocyte count on the third day of the disease was 32,800, polynuclears 87 per cent, lymphocytes 9 per cent, transitionals 4 per cent. Signs of pneumonia developed on this day. Recovered.

The influenza bacillus obtained by culture November 30 was transplanted December 1 on whole blood agar and heated blood agar slants. Pure cultures were obtained with characteristic morphology and cultural qualities. The first transplants were used in Experiment 8.

No. 4. U–W.—This influenza bacillus was obtained from the lungs at necropsy of a case of influenza-pneumonia, Wednesday, November 27. The culture used for inoculation was the fourth transplant.

The history of the case gave an onset of influenza November 12; the patient entered the naval hospital November 19 (Chart 35) with signs of pneumonia. The leucocyte count on entrance into the hospital was 15,000. Hemolytic streptococci were obtained from an empyema developing late in the pneumonia.

At necropsy there was a massive broncho-pneumonia, with dilated bronchi and purulent exudate on cut surface. Cultures showed a predominant hemolytic streptococcus, associated with pneumococcus in the right upper lobe, and the influenza bacillus in the left lower lobe.

No. 5. H–E.—This influenza bacillus was obtained from a specimen of washed bronchial sputum, November 19. (Chart 36.) This culture was transplanted every second day on blood agar, so that the culture used in the experiment was about the seventh transplant.

The history of the case shows an onset of influenza November 13. The patient was admitted to the naval hospital November 17 with signs of pneumonia, leucocyte count 4,200. Tenacious, yellowish-white, purulent bronchial sputum was being coughed up. Smears and cultures of this showed numerous influenza bacilli and a few pneumococci. The patient recovered.

No. 6. Youngstown.—This influenza bacillus was obtained at necropsy from the lungs of a patient who died of influenza-pneumonia, about November 20. A subculture was furnished us through the kindness of Dr. G. W. O'Grady.

No. 7. P–BH (123).—This influenza bacillus was obtained from the lungs at necropsy of a case of influenza-pneumonia. The patient had entered the hospital with the history of onset of sickness about a week previously. At that time she had become sick with cough, fever, slight headache and some backache. She had no sore throat. During this time she had been doing her work at intervals. On admission she had signs of pneumonia in her lower right back; in hospital she had a continuous fever of about 101°. After eight days in the hospital, with no alarming symptoms, she suddenly became cyanotic during the night, with difficult respiration, and died within a few hours.

The necropsy findings showed a very discrete broncho-pneumonia in the right lung. The pathological findings hardly explained the sudden death. Cultures from the right lung yielded the influenza bacillus.

The influenza bacillus was obtained from necropsy November 4, 1918, and it was transplanted about every second day. The culture used for inoculation was about the fifteenth transplant on blood agar.

No. 8. Card.—This culture was obtained originally at Walter Reed Hospital about October 15 from post-mortem lung puncture of a case of influenza dying of pneumonia. Pneumococcus, Friedlander bacillus, micrococcus catarrhalis and streptococcus viridans were also obtained. A subculture was furnished by the United States Hygienic Laboratory.

No. 9. Staizecki.—This culture was originally obtained at Walter Reed Hospital about October 15 from post-mortem lung puncture of a case of influenza dying of pneumonia. Pneumococcus and staphylococcus were also obtained. A subculture was furnished by the United States Hygienic Laboratory.

No. 10. Butler.—This culture was originally obtained at Walter Reed Hospital about October 15 from the lung juice of a case of influenza with pneumonia. There were also isolated pneumococcus and staphylococcus. A subculture was furnished by the United States Hygienic Laboratory.

No. 11. CD (112).—No history.

No. 12. CD (157).—No history.

No. 13. Park (103).—Obtained this through the kindness of Dr. W. H. Park.

No. 14. WK.—This influenza bacillus was obtained from washed bronchial sputum of a case of pneumonia, not clearly an influenza-pneumonia. The onset was Thursday, November 7, at 9 a. m. (Chart 37.) The patient suddenly felt weak, his bones ached a little, and he had a severe chill, saying his teeth chattered. He had had a "cold" three or four days previously, his head was stopped up, and he coughed some. Sputum examination showed numerous influenza bacilli and pneumococcus Type I. The clinical course corresponded more to a pneumococcus pneumonia, with crisis following antipneumococcus Type I serum therapy. Recovered.

APPENDIX C.

ACCOUNT OF THE INFLUENZA EPIDEMIC ON THE U. S. S. YACONA.

In view of the fact that many of the donors from whom material was obtained for our experiments came from the epidemic focus on the U. S. S. *Yacona*, a brief account of the salient features of this outbreak follows. The facts were secured from an epidemiologic report furnished by Dr. E. Calloway, the medical officer on board the U. S. S. *Yacona*.

The U. S. S. *Yacona* is a small gunboat of a convoy unit of the United States Navy. There had been no outbreak of influenza on board previously and the crew had remained intact since the pandemic influenza was recognized.

On September 14, 1918, at the admiralty dockyard, Bermuda, an officer from the U. S. S. *Arctic* reported to the sick bay aboard this vessel and was examined and found to have influenza. The U. S. S. *Chicago*, also in port at this time, had several cases of this disease aboard. The same afternoon the *Yacona* went out to an anchorage and had no other contact until September 16, when she put to sea with the *Chicago* and a convoy of tugs and French submarine chasers.

On September 16 Dr. Calloway had chill and temperature 102°. He remained in the stateroom, seeing only the pharmacist's mate and one mess boy, until September 21, when it became necessary to make medical calls to other vessels. Then, as little contact was allowed as possible, and cases brought aboard were isolated. No cases developed among the *Yacona's* crew.

On September 27 the vessel arrived in Ponta del Gada, St. Michaels, Azores. Here influenza existed. All men had liberty in this port.

On October 2 the U. S. S. *Chicago*, with tugs and *Yacona*, got under way for Bermuda. Tugs and *Yacona* were inspected and no cases were aboard. U. S. S. *Arctic* had had two cases on previous trips. A few cases were still aboard the *Chicago*. On October 13 we arrived at the admiralty dockyard, Bermuda. Here an epidemic was flourishing. All ships were quarantined, but this was not effective, as men had to use toilets in dockyard while ship was behind breakwater.

On November 1 two cases were admitted with the diagnosis of influenza; both, however, were normal in 24 hours, and this was probably a wrong diagnosis. On November 2, 10 Hospital Corps men from influenza camp were sent aboard for transportation to the United States, as were men from the U. S. S. *Tallahassee* who had recently had the disease.

On November 5 the vessel left St. Georges, Bermuda, and arrived at New York, N.Y., on November 11. All men had liberty in this port. Left New York on the 14th and arrived at New London November 14. Liberty was granted to all men. On November 17 one case was admitted. This man had had liberty at New London. He was transferred to the naval hospital, New London, on November 18. On November 19 one case was admitted and was transferred on the 20th.

On November 20, at 10 p. m., one case was admitted. On November 21, at 6 p. m., under way for Halifax. At 6 p. m. there were nine cases aboard. The medical officer recommended to the commanding officer that the ship put into Boston to transfer cases. We arrived at Boston November 22, at 1 p. m., and transferred cases to the hospital, as shown below:

Date.	Men transferred.	Officers transferred.
Nov. 22	14	1
Nov. 23	18	0
Nov. 24	20	3
Nov. 25	15	2
Nov. 26	3	0
Nov. 29	2	0
	72	6

Including the two cases of influenza transferred to the United States naval hospital, New London, Conn., during the epidemic of influenza of this ship, there were 80 cases of influenza in an isolated group of 95 men, or 84.2 per cent. This is a very high incidence of the disease, and indicates a high degree of infectiousness of the causative agent or most favorable condition for the transmission of the infection.

Histories and clinical charts were obtained from each of the 78 cases admitted to the United States naval hospital, Chelsea, Mass. The average maximum temperature for the cases during the first two or three days of the disease was 102.7° F. Twenty of the seventy-eight cases developed bronchopneumonia, one of whom died after only 70 hours of sickness. This case was McCormack, from whom staphylococcus and the influenza bacillus (our culture No. 1) were recovered. The remainder recovered, except one, who developed a hemolytic streptococcus empyema, mentioned on page 26 (O. A.). The incidence of pneumonia in the 78 cases is thus seen to be 25.6 per cent, and the total mortality 1.3 per cent. The low mortality of pneumonia cases, 5 per cent, may perhaps be partly accounted for by the fact that all cases, except the one that died, were treated with convalescent human serum. The average duration of temperature in those cases which did not develop pneumonia was five days.

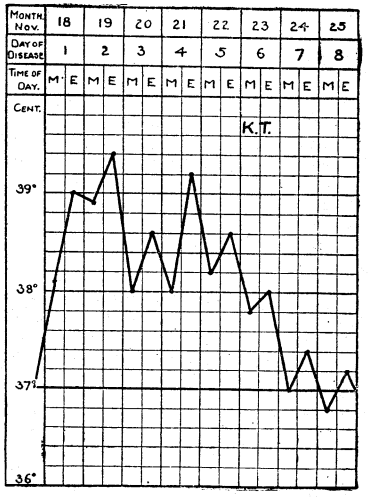


Chart 1.—Temperature curve of Volunteer No. 29 K. T., experiment 2a.

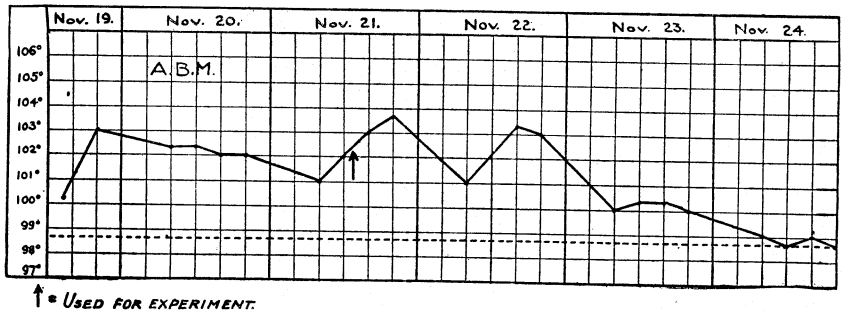
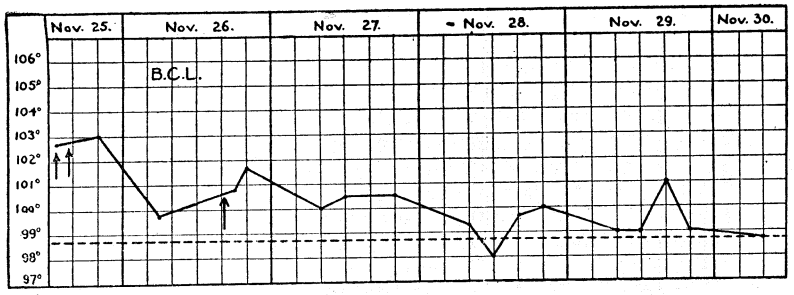
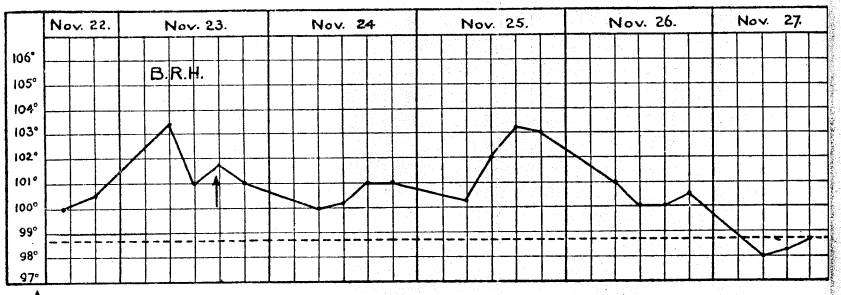


Chart 2.—Temperature curve of donor A. B. M.



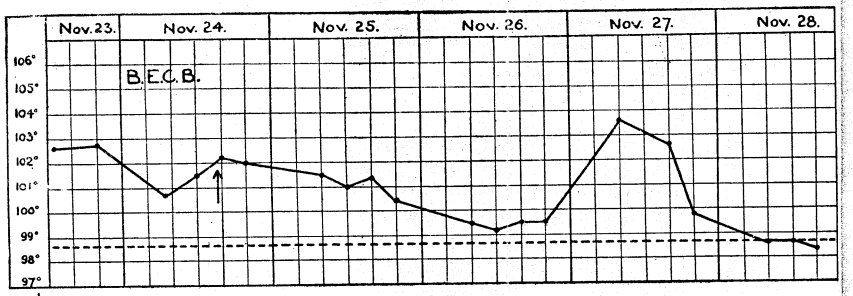
↑ = USED FOR EXPERIMENT.

Chart 3.—Temperature chart of donor B. C. L.



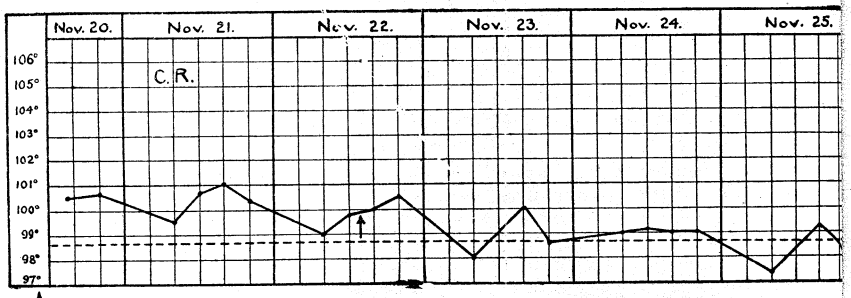
↑ = USED FOR EXPERIMENT.

Chart 4.—Temperature curve of donor B. R. H.



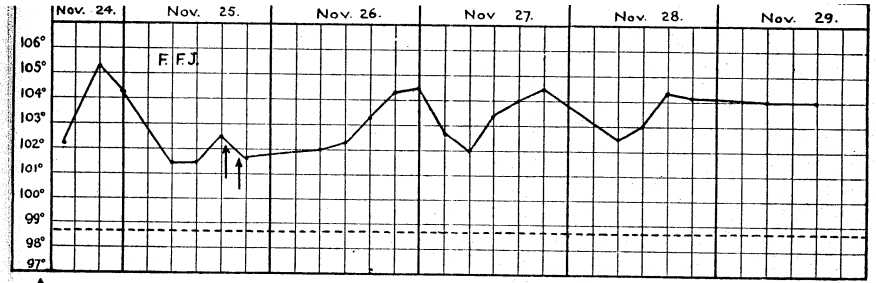
↑ = USED FOR EXPERIMENT

Chart 5.—Temperature chart of donor B. E. C. B.



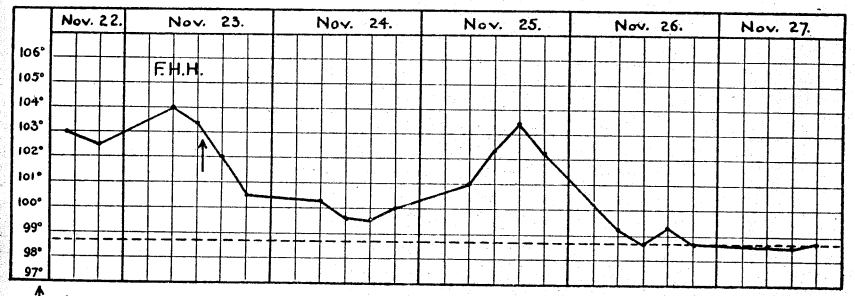
↑ = USED FOR EXPERIMENT.

Chart 6.—Temperature curve of donor C. R.



↑ = USED FOR EXPERIMENT.

Chart 7.—Temperature curve of donor, F. F. J.



↑ = USED FOR EXPERIMENT.

Chart 8.—Temperature curve of donor F. H. H.

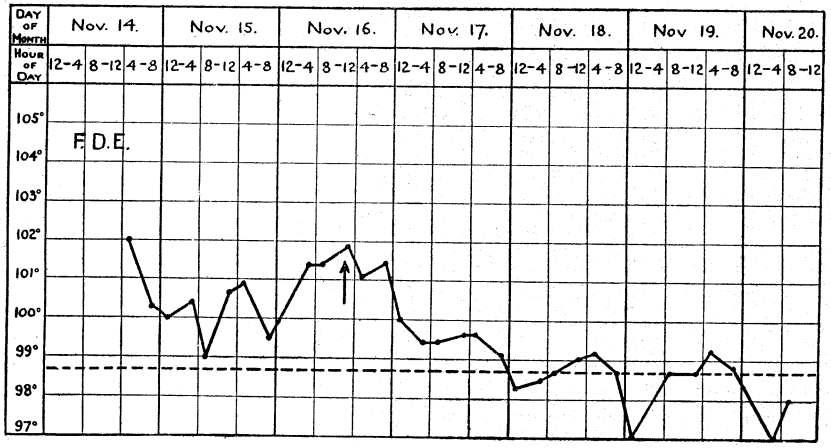
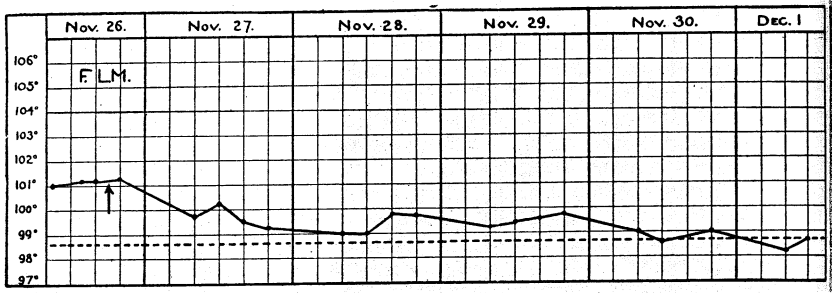


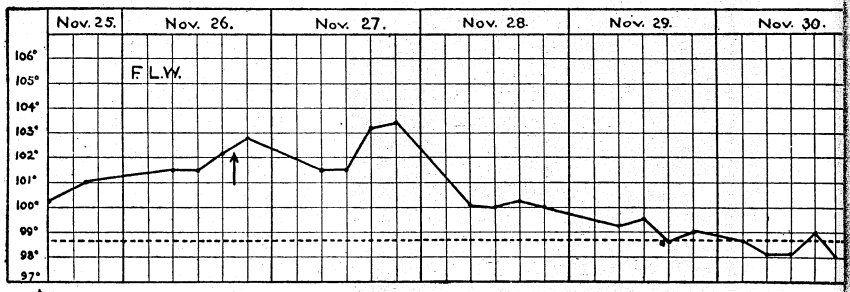
Chart 9.—Temperature curve of donor F. D. E.

181409°—21——3



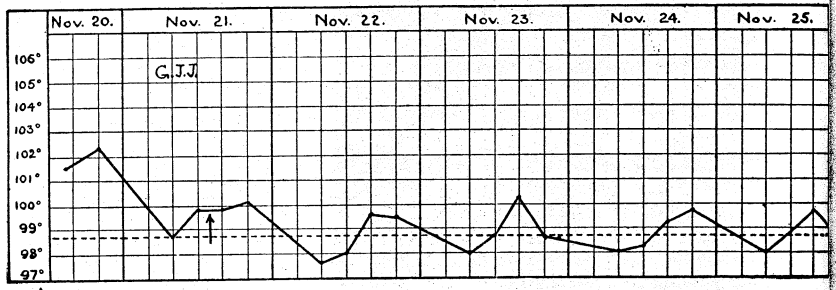
↑ = USED FOR EXPERIMENT.

Chart 10.—Temperature curve of donor F. L. M.



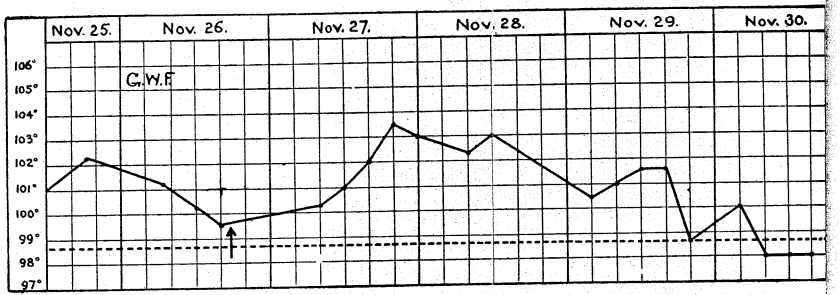
↑ = USED FOR EXPERIMENT.

Chart 11.—Temperature curve of donor F. L. W.



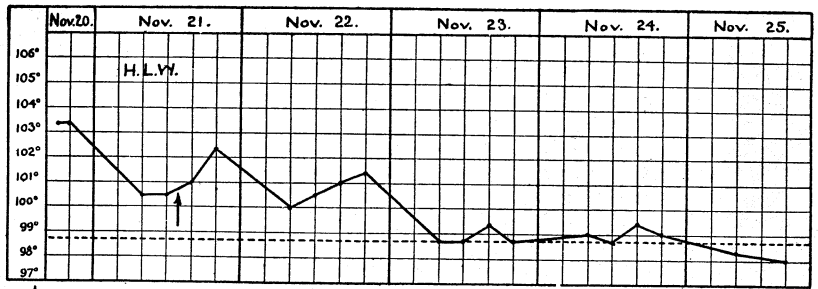
↑ = USED FOR EXPERIMENT.

Chart 12.—Temperature curve of donor G. J. J.



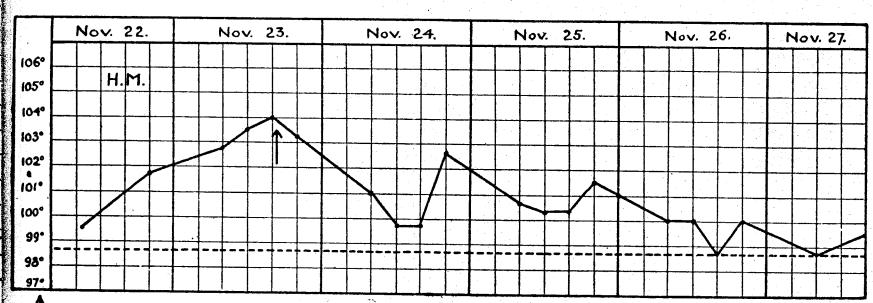
↑ = USED FOR EXPERIMENT.

Chart 13.—Temperature curve of donor G. W. F.



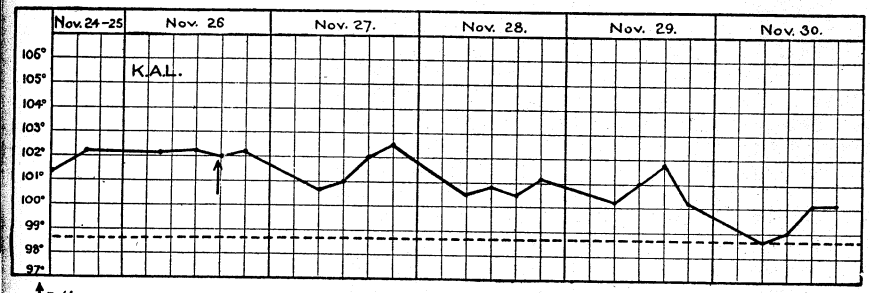
↑ = USED FOR EXPERIMENT.

Chart 14.—Temperature curve of donor H. L. W.



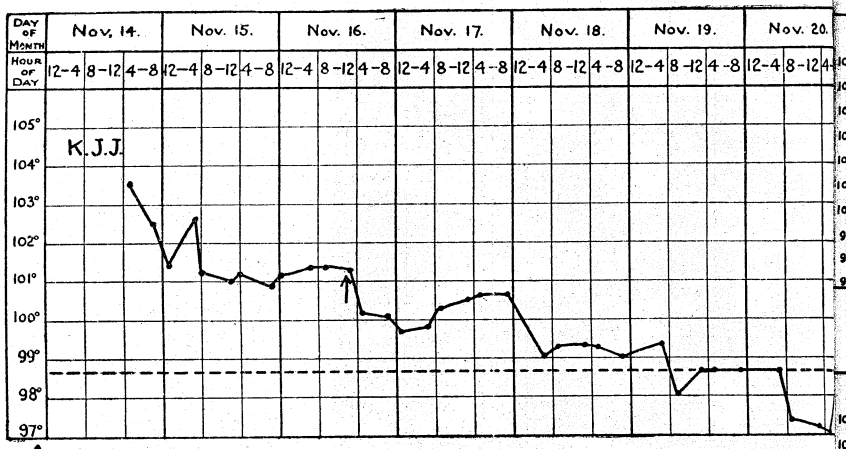
↑ = USED FOR EXPERIMENT.

Chart 15.—Temperature curve of donor H. M.



↑ = USED FOR EXPERIMENT.

Chart 16.—Temperature curve of donor K. A. L.



↑ = USED FOR EXPERIMENT.

Chart 17.—Temperature curve of donor K. J. J.

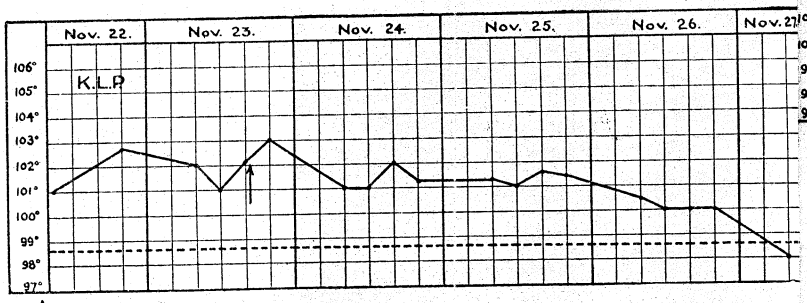


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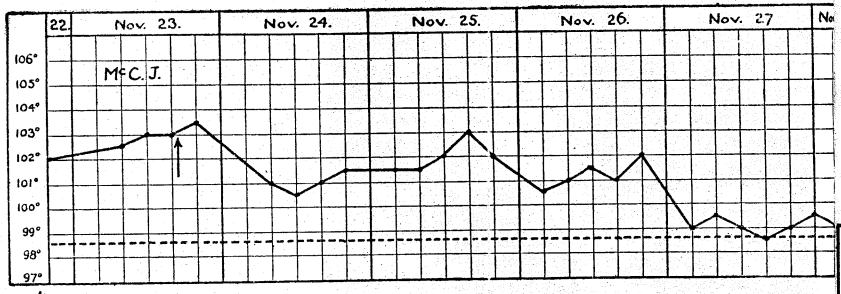
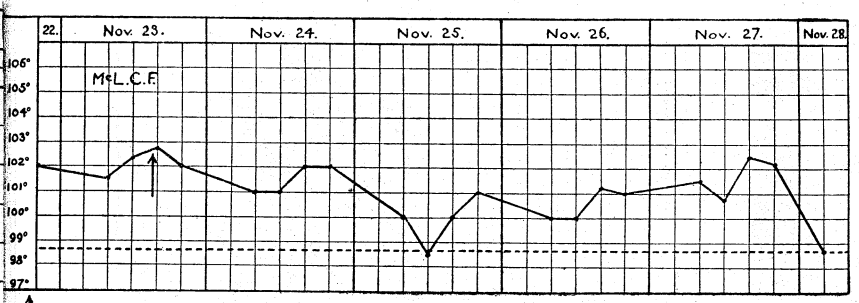
Chart 18.—Temperature curve of donor K. L. P.



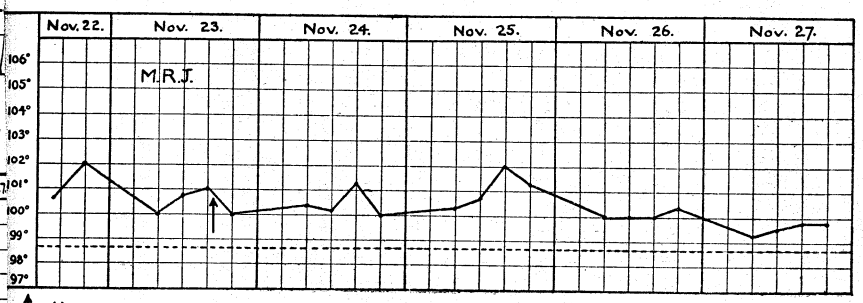
↑ = USED FOR EXPERIMENT.

Chart 19.—Temperature curve of donor McC. J.



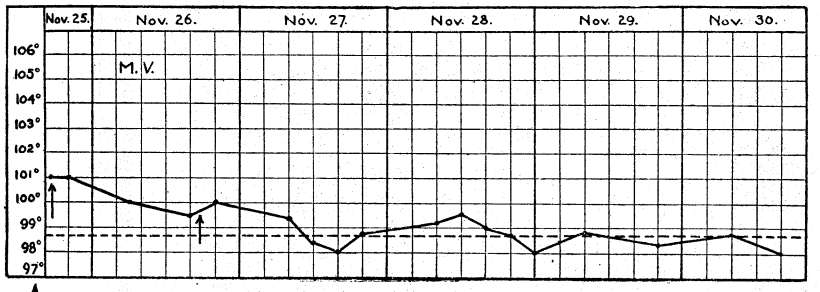
↑ = USED FOR EXPERIMENT.

Chart 20.—Temperature curve of donor McL. C. F.



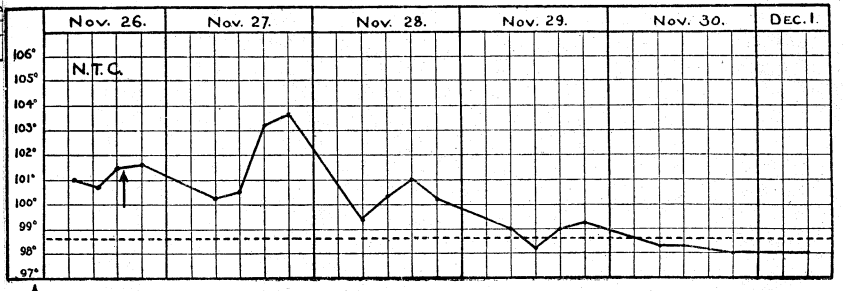
↑ = USED FOR EXPERIMENT.

Chart 21.—Temperature curve of donor M. R. J.



↑ = USED FOR EXPERIMENT.

Chart 22.—Temperature curve of donor M. V.



↑ = USED FOR EXPERIMENT.

Chart 23. — Temperature curve of donor N. T. C.

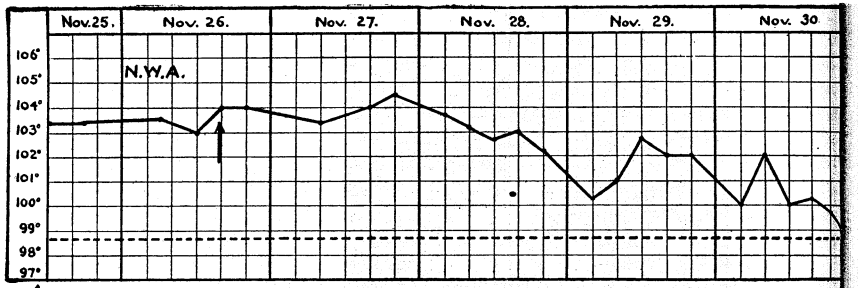


Chart 24.—Temperature curve of donor N. W. A.

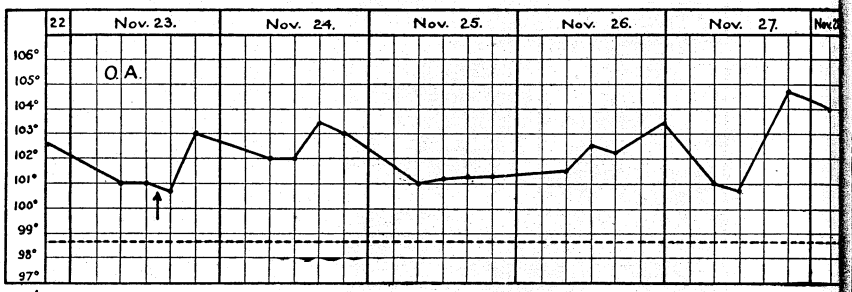


Chart 25.—Temperature curve of donor O. A.

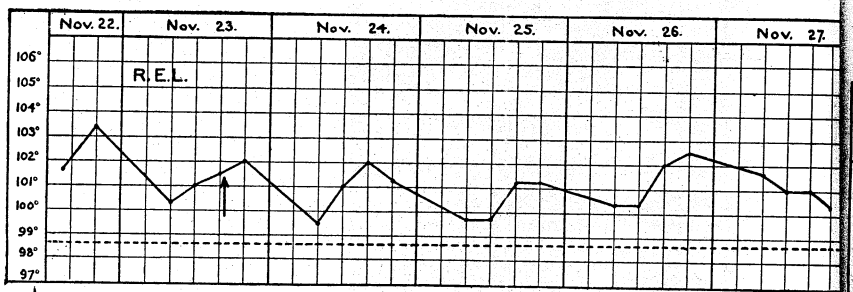


Chart 26.—Temperature curve of donor R. E. L.

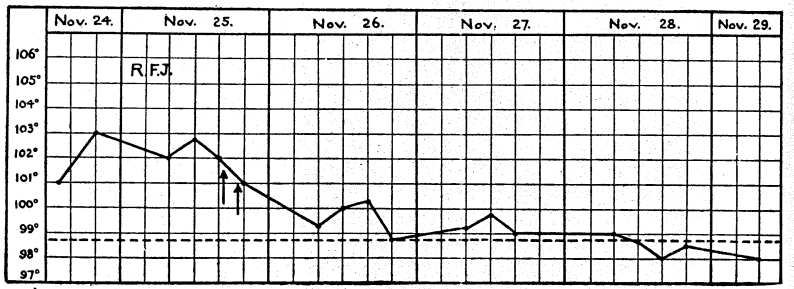


Chart 27.—Temperature curve of donor R. F. J.

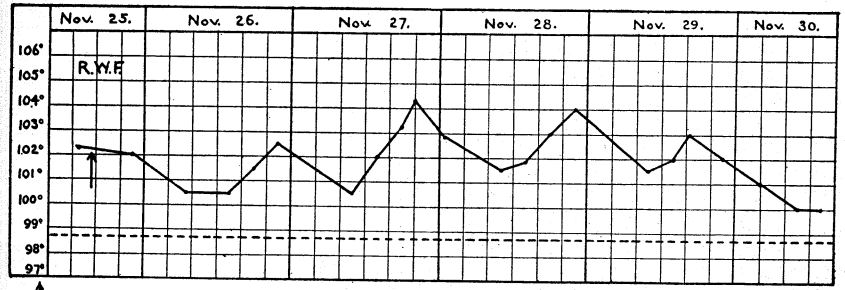


Chart 28.—Temperature curve of donor R. W. F.

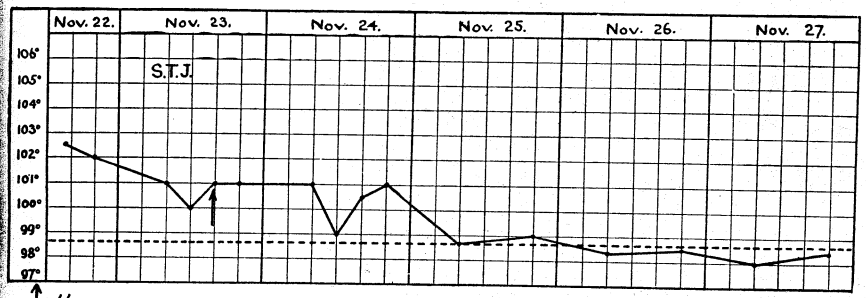


Chart 29.—Temperature curve of donor S. T. J.

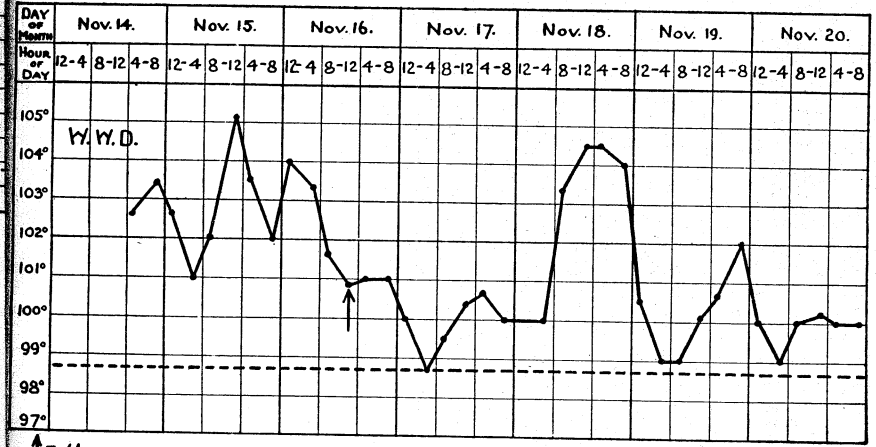


Chart 30.—Temperature curve of donor W. W. D.

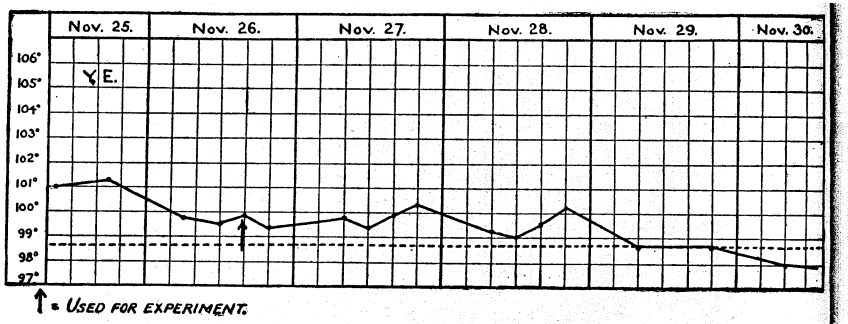


Chart 31.—Temperature curve of donor Y. E.

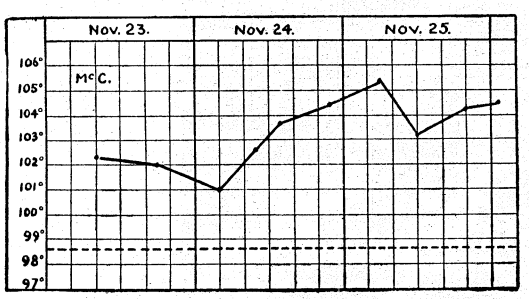


Chart 32.—Temperature curve of case of influenza from which strain No. 1 of Pfeiffer's bacillus was isolated after death.

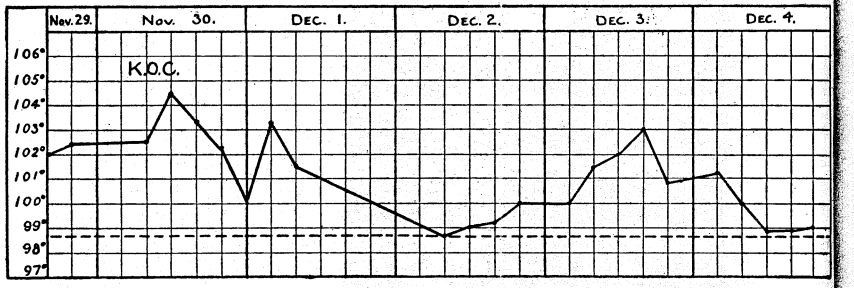


Chart 33.—Temperature chart of case of influenza from which strain No. 2 of Pfeiffer's bacillus was isolated.

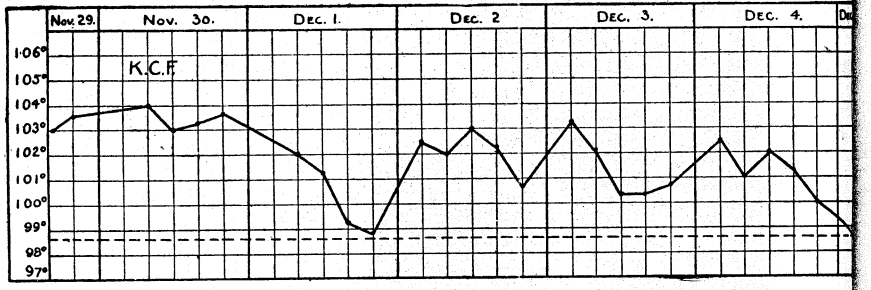


Chart 34.—Temperature curve of case of influenza from which strain No. 3 of Pfeiffer's bacillus was isolated.

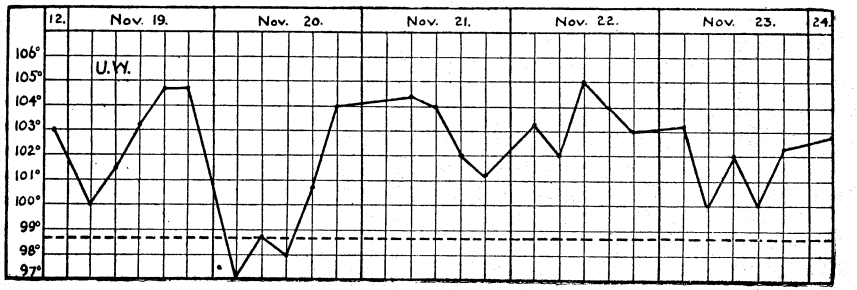


Chart 35.—Temperature curve of case of influenza from which Strain No. 4 of Pfeiffer's bacillus was isolated.

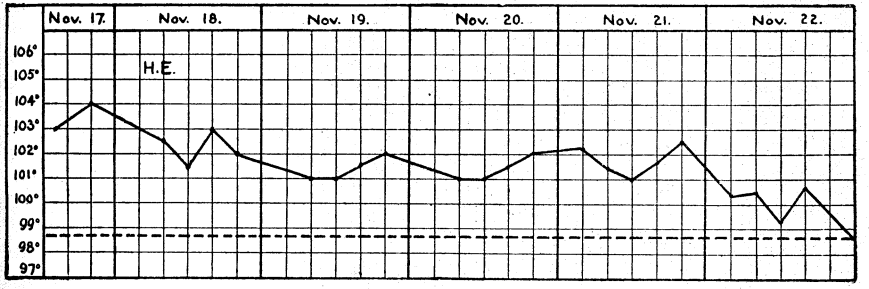


Chart 36.—Temperature curve of case of influenza from which strain No. 5 of Pfeiffer's bacillus was isolated.

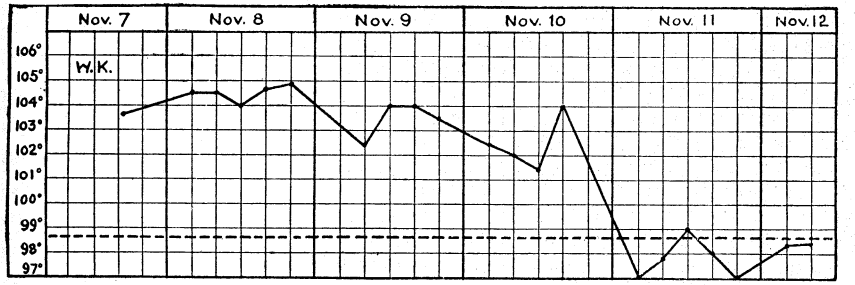


Chart 37.—Temperature curve of case from which strain No. 14 of Pfeiffer's bacillus was isolated.

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Longevity the Untold Story

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"God created man to be immortal, and made him to be an image of His own eternity." - Wisdom of Solomon 2:23, King James Version

"Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap." - Galatians, 6:7

"Death is not a universal accompaniment of life. In many of the lower organisms death does not occur, so far as we at present know, as a natural and necessary result of life. Death with them is purely the result of an accident, some external cause." - Charles S. Minot in "The Problem of Age, Growth, and Death", 1908

"Such a machine as the human frame, unless accidentally depraved, or injured by some external cause, would seem formed for perpetuity." — Dr. Gregory in "Medical Conspectus"

"If a living organised being be examined at the epoch of its greatest perfection ... a mutuality of cause and effect is perceived which almost promises immortality." — Sir T. C. Morgan

"At some future day there can be little doubt that the value and duration of life will be extended greatly beyond what it is at present—greatly beyond, perhaps, what we at present can imagine" — Dr. Thomson in "Medical Dictionary"

The Unknown Causes of Disease, The Idiopathic Nature of Medicine

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"Aetiology: That Part of Physick which teaches the Causes of Diseases." - George Cheyne, MD, FRS, in "An essay on Health and Long Life", 1724.

"The cure of many diseases remains unknown to the physicians of Hellos (Greece) because they do not study the whole person." - Socrates, 399 BC.

***"Doctors put drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all."** - Voltaire*

"Of Disease we Know Nothing at All". - Dr William Osler, MD

"The Cause of Disease is Unknown" - Medical practice literature, 2018 AD.

"We have assisted in multiplying diseases; we have done more, we have increased their mortality." - Dr. Benjamin Rush, MD

"Ignorance breeds stupidity, it is your responsibility to get educated. Those who don't educate themselves, are condemned to being educated by others." - Rui Gabirro

Spoiler Alert!

It will be seen that it will probably take about 5,000 years, or longer for Medical Practitioners to finally find or "discover", the cause of disease(s). In the mean time if you don't want to wait, you may wish to read this book.

The Purpose of this Book

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged." - Dr. Frederick Hollick, MD in "Neuropathy or The true principles of the Art of Healing the Sick", 1847.

Moving Forward

Don Miguel de Cervantes Saaverdra, wrote a book called: "The Ingenious Gentleman Don Quixote of La Mancha". Don makes it his mission to revive Chivalry, along with his squire Sancho Panza, whom is known for his many "sanchismos", quotes that use wit and humour and ironic proverbs. While there are many quotes to chose from, we dedicate this quote to the Medical Trade: "Let the Dogs Bark Sancho, It is a sign that we're moving forward!"

Medicine, The Cure Is Worse than the Disease

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Scientific Literature Perhaps Half may Simply be Untrue; Drug Companies and Doctors; A story of Corruption; Modern Medicine Not a Science; Ignorance Has Become Commonplace In Medical Practice; The Drug Medical System; Poisonous Medications; Drug Medicines were Worse than Useless; Then it was that People Began to Die; Drugs Always Produce Disease; The Deadly virtues of the Healing Art; Take his Good Advice and Refuse his Bad Medicine; Poisonopathy, A Few Words as to the Forms of Disease; Allopaths say it is: Contraria Contrariis Curantur "Contraries Cure Opposites"; What are its Agents, its Medicines, and its Remedies; This Patient Rapidly Recovered under Hygienic Treatment; Effect of Drugs; Secondary Diseases; Medical Economics; Medical School; Real Education Versus Engraved Pieces of Paper; Medical Training; Clinical Observations; Nothing To Do; The Prejudices of the Profession; Pernicious Effects of Blood-Letting; Of the Ignorance Existing Respecting the Power of Nature to Cure Diseases; Nature, or, in other words, the Inherent Powers of the Animal Economy, Are Either Entirely Ignored; Natural course of the Morbid Processes Occurring in the Animal Body; Curative Powers of Nature; Ignore or Depreciate the Working of Nature; Practice; On the Educational Value of the Medical Society; Angina in Doctors; Specialists and Specialism; With Regards to the Medical Clinic and Medical School; Psychiatry; The Gene-Based Theory of Mental Illness; The Four False Pillars; The Germ Theory; The Role of Bacteria, Their Useful Symbiotic Role in the Body; Micro-Organisms of Disease are Universal, But Disease is not Universal; Scientific Bluff; Disease Germs; The Germ Disease Theory; Vis Medicatrix Naturae; People Generally are Awed by Anything they do not Understand; Every Grain of Sand is a Metropolis for Bacteria; Goodbye to Germ Theory; Germs as a Cause of Disease is a Dying Fallacy; Why We Believe Germs do Not Cause Disease; Cognitive Impairment by Antibiotic-induced Gut Dysbiosis; Microbiome Restoration Diet Improves Digestion, Cognition and Physical and Emotional Wellbeing; J.D. Rockefeller's Involvement; The Forgotten Facts and Truths of Drugs; Intentional Ignorance; The Placebo Effect; Medical Illusion; Third leading Cause of Death; Healthcare Against Health; Both Guess-Work; Needless Surgery; One Operation Leads to Another; There is Nothing so Futile as to Attempt to Remove an Imaginary Pain by a Surgical Operation; Nature Heals; Medical Freedom; One of the Most Common Causes of Chronic Invalidism; Doctors of Medicine Ignorance of Dietetics; Medicine Doctors Sublime Ignorance of Food Values; Medical Specialities; Women Risk Losing

Ability to Give Birth Naturally; Deaths of Medical Doctors; Suicide Rates Among Physicians."

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"The physician being, then, a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating nature or the disease." - D'Alembert quoted by Dr. Richard Tonson Evanson, MD and Dr. Henry Maunsell, MD in "A Practical Treatise on the Management and Diseases of Children", 1842.

"If we compare the good, which a few true disciples of Aesculapius have done since their art began, with the evil which the immense numbers of Doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if Medical Men had never existed." - Boerhaave

"Never mind the name of heterodoxy in Medicine, what is right is right." - J. R. Findlay.

"We can hardly refuse our assent to the observations of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape." - Dr Jonathan Pereira, FRS, Father of Pharmacology.

Spoiler Alert

Do not Read this if you wish to stay in Fairyland, By pursuing to read this book, you will realize that Medicine, something that misleads or deludes; an illusion, is basically composed of "Pretty gibberish invented to cheat the ignorant," and it is commonly defined by what some in the profession, for many years now have come to realize, that Medicine Science is founded upon: "Fudge", "Inconsistent observations", and other point out that it might

also include "Fairy Dust."

Medicine & Poisonous Pharma

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